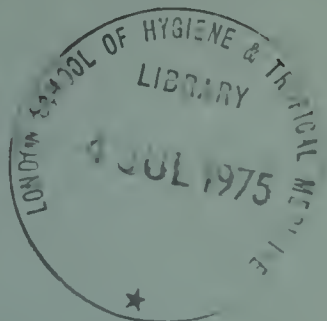


COUNTY BOROUGH OF ROCHDALE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
AND PRINCIPAL
SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1972

R. G. MURRAY, M.B., Ch.B., M.F.C.M., D.P.H.

Medical Officer of Health
Principal School Medical Officer

COUNTY BOROUGH OF ROCHDALE



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For the Year ending 31st December, 1972

R. G. MURRAY, M.B., Ch.B., M.F.C.M., D.P.H.
Medical Officer of Health
Principal School Medical Officer

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PUBLIC HEALTH OFFICERS

Year ending 31st December, 1972

Medical Officer of Health, Principal School Medical Officer

R.G. MURRAY, M.B., Ch.B., M.F.C.M., D.P.H.



Deputy Medical Officer of Health:

ROBERT S. GIBSON, M.B., B.Ch., B.A.O.,
M.F.C.M., D.P.H.

Medical Officers:

MARGARET BOLDUS, M.B., Ch.B.
CHRIST D.H. MUNZNI, M.B., B.S.
JOYCE NEWMAN, M.B., Ch.B., D.A. (Part-time)
MARGARET BARKER, L.R.C.P., L.R.C.S.,
L.R.F.P.S. (Part-time)
KATHERINE H. MAIN, M.B., Ch.B. (Part-time)
MARGARET H. OGDEN, M.B., Ch.B.,
M.R.C.O.G., (Part-time)
ABDUL RAUF, M.B., B.S. (Part-time)

Chief Administrative Officer:

S. BUTTERWORTH

Chief Public Health Inspector:

A. TURNER, Cert. S.I.B., Cert.M.I.
(φ 17.4.72)
H.E. PEAPER, Cert. R.S.I.J.E.B., Cert. M.I.,
Dip.Sm.I. (*1.5.72)

Deputy Chief Public Health Inspector:

A. SYMONS, Cert. S.I.B., Cert. M.I.

Senior Public Health Inspectors:

J.J. DARBY, Cert. P.H.I.E.B., Dip.M.I., Dip. Sm.I.
W.D. GARTSIDE, Cert. P.H.I.E.B., Dip.M.I.,
Dip. Sm.I.
J. GAWTHORPE, Cert. S.I.B., Cert.M.I.
A.H. LORD, Dip. P.H.I.E.B., A.R.C.A.T.S.,
Dip. Sm.I.

Public Health Inspectors:

A. BUTTERWORTH, Dip. P.H.I.E.B.
J. PEARSON, Cert. S.I.B. (φ 12.4.72)
R.T. PETERS, Dip. P.H.I.E.B., A.R.C.A.T.S.
H.R. VAUGHAN, Dip. P.H.I.E.B. (*1.7.72)
(φ 24.9.72)

Public Health Inspectors: (Trainee)

M.R. CHAUDRY
D. HANNANT
M. LAW, B.Sc. (*14.8.72)
D.C. WALTON (*15.8.72)

Improvements Advisory Officer:

R. KAY (*8.5.72)

Principal Dental Officer:

H.W. PRITCHARD, L.D.S.

Senior Dental Officer:

K. ANDERSON, L.D.S. (φ 7.7.72)

Dental Officers:

BARBARA M. HEY, L.D.S. (Part-time)
BRIDGET M. HAINES, B.D.S. (Part-time)
(φ 24.3.72)

Dental Anaesthetists:

R. MALLINSON, M.B., Ch.B., (Part-time)
M.G. ROBERTS, B.Sc., M.B., Ch.B.,
F.F.A.R.C.S. (Part time)
H. PADMANABHAN, M.B., B.S., D.A.,
F.F.A.R.C.S. (Part time)

Director of Nursing Services:

K.M. COOPER, S.R.N., S.C.M., H.V.
(*9.10.72)

Superintendent Health Visitor:

O. SOUTH, S.R.N., S.C.M., H.V.

Deputy Superintendent Health Visitor:

P.V. DARBY, S.R.N., C.M.B. Part I, H.V.

Health Visitors/School Nurses:

B. ALLEN, S.R.N., C.M.B. Part I, H.V.
(φ 9.4.72)
M.J. COURTNEY, S.R.N., Obst. Cert. H.V.
(*1.9.72)
M. HARPER, S.R.N., C.M.B. Part I, H.V.
(*1.9.72)
J.G. MURRAY, S.R.N., C.M.B. Part I, H.V.
J. REID, S.R.N., S.C.M., H.V. (*1.7.72)
I. RUSHTON, S.R.N., S.C.M., H.V.
P. SCOTT, S.R.N., C.M.B. Part I, N.N.E.B.,
H.V. (*1.9.72)
D. SHEPHERD, S.R.N., C.M.B. Part I, H.V.
(*11.9.72)
N. THORNBUR, S.R.N., S.C.M., H.V.
M. WEETMAN, S.R.N., C.M.B. Part I, H.V.
(φ 30.8.72)
P. WILLIAMS, S.R.N., C.M.B. Part I, H.V.
J.A. YOUSIF, S.R.N., Obst. Cert. H.V.

Health Visitor - Field Work Instructor:

J. REID, S.R.N., S.C.M., H.V. (φ 30.6.72)
M. WEETMAN, S.R.N., C.M.B., Part I, H.V.
(*1.9.72)

Health Visitors/School Nurses: (Part-time)

I.R. DESAI, S.R.N., S.C.M., H.V.,
(*11.5.72)
S. RIGG, S.R.N., S.C.M., H.V.
S. TAYLOR, S.R.N., S.C.M., H.V.,
(*26.1.72)
R.L. MURRAY, S.R.N., S.C.M., H.V.,
(φ 24.9.72)

Tuberculosis Visitor:

G. QUINN, S.R.N., (φ 26.12.72)

Student Health Visitors:

D. CANNON, S.R.N., Obst. Cert. (*25.9.72)
P. DARNBROUGH, S.R.N., Obst. Cert.
(*18.9.72)
P. HOPWOOD, S.R.N., S.C.M., (*18.9.72)
G.M. ROBERTS, S.R.N., Obst. Cert. (*18.9.72)
G. SHARPE, S.R.N., Obst. Cert. (*25.9.72)
M. Warburton, S.R.N., S.C.M. (*18.9.72)

Public Health Nurses

I. BAILEY, S.E.N.
I. BENJAMIN, S.E.N.
C. CHEADLE, S.E.N.
K. GRABOWSKI, S.E.N.
Q.U.Z. KASHMIRI, S.E.N. (ϕ 23.4.72)
A. QURESHI, S.E.N. (*15.5.72)

School Nurses:

B. APPLETON, S.R.N. (*24.7.72)
M. CISEK, S.R.N.
M. HILL, S.R.N.
A. TONGE, S.R.N.
B. WHITWORTH, S.R.N.
C.G. WILSHER, S.R.N.

Non-Medical Supervisor of Midwives:

A.M. O'SULLIVAN, S.R.N., S.C.M., Q.N.

Domiciliary Midwives:

M. ASHWORTH, S.R.N., S.C.M.
B. CREHAN, S.R.N., S.C.M.
M.J. GUNN, S.R.N., S.C.M., H.V.
S.M. HAMILTON, S.R.N., S.C.M.
N. HOOK, S.R.N. S.C.M.,
P. TOMLINSON, S.R.N., S.C.M.
A. WRIGHT, S.C.M.

District Nursing Association:

Superintendent— A.M. O'SULLIVAN,
S.R.N., S.C.M., Q.N.
Asst. Superintendent— M. McGONIGLE,
S.R.N., Q.N.

Family Planning Medical Officers (Part-time):

MAY LOIS BLAIR, M.B., Ch.B.
MARGARET E. HOPKINSON, M.B., Ch.B.
ELIZ. M. PURNELL, B.Sc., M.B., B.S.

Family Planning Clinic Nurses (Part-time):

G.E. STOCKER, R.S.C.N., S.C.M.
O. SYDENHAM, S.R.N.
M. DAVIES, S.R.N.

Physiotherapists (Part-time):

EILEEN HAMPSON, M.S.C.P.
MARY C. BEESTON, M.S.C.P.
MARJORIE GIBSON, M.S.C.P. (*4.7.72)

Ambulance Officer:

C.J. PURVES (ϕ 31.1.72)
L. HOLLOWS (*1.3.72)

Public Analyst:

G.H. BAKER, F.R.I.C.

CONSULTANT OFFICERS AVAILABLE BY ARRANGEMENT WITH THE REGIONAL HOSPITAL BOARD

Ophthalmic Surgeon:

J. McLENACHAN, M.B., Ch.B., F.R.C.S. Ed.,
D.O.

E.N.T. Surgeon:

J.P. FRASER, M.B., Ch.B., F.R.C.S. Glas.

Consultant Child Psychiatrist:

G.J.S. SIMPSON, M.B., Ch.B., D.P.M.

Orthopaedic Surgeon:

M.G. NOTT, M.B., B.S., F.R.C.S. Eng.,
F.R.C.S. Ed.

Paediatrician:

MARGARET H. BUSTON, M.B., Ch.B.,
M.R.C.P., D.C.H.

Chest Physician:

W.R. MAY, M.B., B.S., M.R.C.P., D.C.H.

Psychiatrist:

S. FALK, M.D., D.P.M.

* Commenced duties

ϕ Ceased duties

To the Chairman and Members of the Health Committee of the County Borough of Rochdale.

Gentlemen,

“ The thing that hath been, it is that which shall be;
and that which is done is that which shall be done;
and there is no new thing under the sun. ”

Ecclesiastes I.8.

I have the honour and pleasure to present my Annual Report on health conditions appertaining to the County Borough of Rochdale, and on the work of the Public Health Department, for the year 1972. I trust that you will find it interesting and informative. It is something of an historic document, being the last of its kind in a long line dating back to 1875.

Staffing difficulties persisted in a number of spheres, notably medical officers, dental officers and health visitors, but despite this, high levels and standards of work and services were maintained.

Mr. A. Turner, Chief Public Health Inspector, retired on the 17th April after a career spanning 46 years in the Department. During all this time he rendered service and advice of the highest order to the Health Committee, the Corporation, the townspeople of Rochdale and to successive Medical Officers of Health. All his many friends wish him and Mrs. Turner every happiness in what we hope will be a long and pleasurable retirement. He was followed in office by Mr. H.E. Peaper who shows every sign of being a worthy successor.

On the 9th October the new appointment of Director of Nursing Services was taken up by Miss K.M. Cooper who was immediately immersed in a review of the establishment of the nursing services and in preparation for the assumption of direct administration of the District Nursing Service by the Health Department from the 1st April, 1973. On that date responsibility for administering this important service was to be handed over by the voluntary Rochdale District Nursing Association which had so efficiently provided home nursing for the people of Rochdale for many years. I should like to pay tribute to the Chairman and Members of the voluntary committee, past and present, for all their valuable achievements in this field.

Preparations for the reorganisation of the National Health Service commenced in earnest during the late summer. The Rochdale Area Joint Liaison Committee was established on the 25th August and the Manchester Regional Joint Liaison Committee held its first meeting on the 18th October. The Town Clerk and I represented the Local Health Authority on the Area Joint Liaison Committee of which I was appointed Chairman and Mr. G.R. Eastwood, Group Secretary, Rochdale and District Hospital Management Committee, was appointed Secretary and Convener. A number of Working Groups were set up to deal with various aspects of reorganisation and an officer of the Health Department was nominated to serve on each, with myself as an 'ex officio' member. A great deal of 'spade work' has been done and a mass of factual information has been compiled which should be of the greatest value to the members and officers of the new Area Authority. A number of policy options have also been prepared and await the decisions of the Health Authorities when they take office.

I was nominated a member of the Regional Joint Liaison Committee by the Rochdale Area Committee and subsequently was appointed a member of the

Regional Ambulance Working Group. In the field of Local Government reorganisation, I became a member of the Working Party on Environmental Health of which Mr. H.E. Peaper, Chief Public Health Inspector, was Chairman.

The infant mortality rate showed a welcome fall from 29 per 1,000 live births in 1971 to 23. Diseases of the heart and circulation, and cancers remain by far the commonest causes of death, but one has to remember that Man is not immortal and these conditions which affect mainly those of advancing years serve to remind us that our generation has a far greater expectation of life than any which has gone before. It was early death that postponed the population explosion until modern times.

The appointment of Medical Officer of Health will come to an end on the 1st April, 1974 after an era of 99 years in which a great deal has been achieved for the health of the public by public health departments.

Some vital statistics for Rochdale embracing a span of 90 years from 1882 to 1972 may serve to illustrate what I have said and show how remarkable has been the conquest of the infectious diseases within the lifetime of my own mother who was born in 1882 and is now in her ninety-second year.

	<u>1882</u>	<u>1972</u>
Estimated population	68,865	93,010
Births	2,036	1,540
Birth rate	29.5	16.6
Infant mortality	140	23
Deaths in children under 5 years	510	47
Deaths from smallpox	40	-
Cases of smallpox notified	296	-
Deaths from measles	42	-
Deaths from whooping cough	22	-
Deaths from scarlet fever	31	-
Deaths from diphtheria	4	-
Deaths from pulmonary consumption (respiratory tuberculosis)	152	4
Deaths from childbirth	10	-
Deaths from diseases of the heart	106	423
Deaths from cancer	23	216

In the purely environmental field also, great advances have been made in slum clearance, water carriage of sewage, clean air and so on, but much still remains to be done before the total environment attains a standard comparable with the best in the country. Supplementary to collective responsibility in this connection I cannot over-emphasise the importance of the responsibility of the individual citizen, for it is the individual who so often destroys public property, damages amenity and deposits litter and refuse of all kinds.

When I came to Rochdale in 1963 to take up my present appointment I never for one moment imagined that I should be the last holder of an historic office which I have been privileged to occupy and will not relinquish without regret.

The social ailment of unemployment was still with us at the end of 1972 when there were 2,285 people out of work in Rochdale and District, compared with 1,653 in 1971, 891 in 1970 and 785 in 1969.

At the present time rising populations are of world-wide concern along with increasing consciousness of environmental pollution and degradation, coupled with the need to conserve dwindling natural resources. I am very glad, therefore, to be

able to report that during 1972 the number of family planning clinic sessions in Rochdale was increased, also that the total number of live births fell from 1,748 in 1971 to 1,540.

A domiciliary family planning service was introduced, but the demand for it has remained at a lower level than perhaps was expected, every effort being made by field staffs to secure attendance at a clinic where facilities are much better than in a private dwelling.

Looking now to the future, individuals and society are confronted by vast and permanent changes in the health and social services, and throughout local government. Inevitably in the short term there will be stresses and strains, unforeseen problems will arise, certain aspects will be confused and some people will suffer. In the long term services should be better and more efficient, and the people should benefit, but this can only come about if the desire, the vision and the will are there amongst elected and appointed members, paid officers and staff, and in the public at large. I have been a local government officer for over twenty-six years and the metamorphosis will take time to accustom to in whatever new incarnation I find myself.

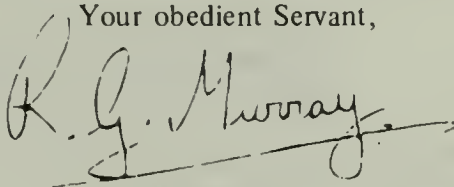
I wish the inhabitants of Rochdale Metropolitan District well in the future and every success to the new Council and its officers.

It is my custom to extend public tribute to all the staff of my Department in my Annual Report. This I do now in greater measure than before, for their efficient and loyal service extending in some cases to many years before I took office. Some will go to the new Area Health Authority, some to the Regional Health Authority, some will remain in local government with the new District Council and some perhaps will retire. Wherever they may find themselves after the 1st April, 1974 my thanks and good wishes go with them.

The Chairman and Members of the Health Committee too find themselves in a similar situation and I wish to thank them for the support, interest and encouragement which they have extended to my staff and myself over the years. Finally to my fellow Chief Officers and their staffs, appreciation and best wishes.

I have the honour to be,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'R. G. Murray', with a long horizontal flourish extending to the right.

Medical Officer of Health.

30th October, 1973.

STATISTICS

Year ended 31st December, 1972

Area (in acres)	9,556
Registrar General's Estimate of Population, mid-year 1972	93,010
Number of inhabited houses	34,349
Number of houses on Corporation Estates at December, 1972	11,963
Number of houses on Corporation Estates at December, 1971	11,933
Estimated sum represented by a Penny Rate (new)	£28,960
Rateable Value	£3,067,222
Estimated expenditure on Health Services provided by Rates	£343,714

	<u>Total</u>	<u>M.</u>	<u>F.</u>
Live Births — Legitimate	1,356	678	678
Illegitimate	184 *11.9%	101 *12.9%	83 *10.9%
	<u>1,540</u>	<u>779</u>	<u>761</u>

* Illegitimate live births per cent of total births

Birth Rate per 1,000 of estimated population	16.6
Stillbirths — (21) Rate per 1,000 total (live and still births)	13.5
Total Live and Still Births	1,561

	<u>Total</u>	<u>M.</u>	<u>F.</u>
Deaths	1,252	619	633

Death rate per 1,000 of estimated population	13.5
Deaths from Maternal Causes including Abortion	Nil
Rate per 1,000 total (live and stillbirths)	-
Death Rate of Infants Under one year of age	Total 36
All infants per 1,000 live births	23
Legitimate infants per 1,000 legitimate live births	18
Illegitimate infants per 1,000 illegitimate live births	65
Neo-Natal Deaths (28) — Rate per 1,000 total live births	18
Early Neo-Natal Deaths (23) — Rate per 1,000 total live births	15
Perinatal Deaths (44) — Rate per 1,000 total live births	28

	<u>Deaths</u>	<u>Rate per 1,000 population</u>
Cancer (including Leukaemia and Aleukaemia)	216	2.32
Tuberculosis (all forms)	5	0.05
Ischaemic Heart Disease	321	3.45

VITAL STATISTICS

Population

The Registrar General's estimate of the population at mid-year 1972 is 93,010 and is an increase of 1,540 on that for 1971, whilst the Census figure for 1971 was 91,344.

Live Births

The live births, 1,540, gave a rate of 16.6 per 1,000 of the estimated population and although above the national rate of 14.8 it represents the lowest number of births in Rochdale since 1961 and shows a marked drop on the figures for 1971 which were 1,748 and 19.1

For the ten years 1962/71 the average birth rate was 18.8 per 1,000.

Stillbirths

There were 21 stillbirths recorded as against 23 in 1971 and 26 in 1970. This figure represents the lowest ever recorded being two less than the 1971 figure which was the lowest then on record.

Infant Mortality Rate

There were 36 deaths registered under one year of age, equal to a mortality rate of 23.38 per 1,000 live births registered, and showing a welcome decrease on the figures for 1971 with 51 deaths and a mortality rate of 29.46. The perinatal mortality rate of 28 per 1,000 live births is similar to that of 1971.

Once more the main causes of death were prematurity, affecting children in the first week of life; and pneumonia, which caused deaths scattered through the first year of life.

As has been the practice for a number of years, the health visitors and midwives are active in disseminating information regarding the prevention of infant deaths, especially from hypothermia, pneumonia and gastro-enteritis.

Premature Births during 1972

BIRTH WEIGHT	PLACE OF BIRTH			TOTAL	DEATHS												CHILDREN SURVIVING OVER 3 MONTHS			
	Home	Birch Hill Hospital	Other Hospital		In first 24 hours			24 hrs. to 7 days		7 days to 28 days		28 days to 3 months								
					B. H. H.	H.	O. H.	B. H. H.	O. H.	H.	B. H. H.	H.	B. H. H.	H.	H.	B. H. H.	H.	B. H. H.	O. H.	Total
3 lbs. 4 ozs. or less	-	15	2	17	9	-	1	-	-	-	1	-	-	-	5	1	6			
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	-	20	-	20	4	-	-	2	-	-	-	-	-	-	14	-	14			
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	-	31	-	31	1	-	-	1	-	-	-	-	-	-	29	-	29			
5 lbs. to 5 lbs. 8 ozs. ...	5	65	4	74	1	-	-	-	-	-	1	-	1	5	62	4	71			
Totals	5	131	6	142	15	-	1	3	-	-	2	-	1	5	110	5	120			

The figures in this table do not coincide with those given elsewhere as deaths during the year due to prematurity. They are, however, strictly comparable with the tables given in the Report over the years.

This total of 142 is a decrease of 44 on that for 1971, (186), and the percentage of premature births to total live births shows a decrease from 10.68% in 1971 to 9.25% in 1972.

The following table sets out Rochdale's experience during the last ten years in respect of perinatal mortality, which represents the total loss of infant life before birth and during the first week of life.

Year 1	Live Births 2	Still Births 3		Infant Deaths 4		Neo-natal Mortality 5		Early N.N.M. 6		P-n.M. Col. 3 + 6 7	
		No.	Rate †	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate †
1963	1,565	38	24	28	18	19	12	17	11	55	35
1964	1,592	34	21	36	23	23	14	20	13	54	34
1965	1,608	34	21	57	35	38	24	37	23	71	44
1966	1,620	37	22	26	16	17	10	14	9	51	31
1967	1,710	24	14	49	29	35	20	30	18	54	32
1968	1,663	31	18	41	25	30	18	21	13	52	31
1969	1,576	26	16	42	27	22	14	19	12	45	28
1970	1,678	26	15	46	27	33	20	31	18	57	33
1971	1,748	23	13	51	29	32	18	26	15	49	28
1972	1,540	21	13	36	23	28	18	23	15	44	28

† Rate per 1,000 live and still-births

* Rate per 1,000 live births

Deaths from all Causes

The deaths registered number 1,252 which is an increase of 49 on the figure of last year – 1,203. This total is made up of 619 male and 633 female deaths.

The general tendency for male deaths to exceed female deaths continues in age groups up to 75. From this point the larger female survival group naturally shows a far greater number of deaths. This is in accordance with the greater expectation of life for females.

The death rate from all causes was 13.5 per 1,000 of the estimated population, as compared with 13.2 in 1971 and an average of 14.1 during the ten years 1962/71.

Table I Appendix (Page 69) shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix (Pages 70 and 71) shows the age and sex distribution, and the causes of deaths in 1972.

Chief Causes of Death

	<u>1972</u>	<u>1971</u>
Cancer	216	236
Heart disease ,.. ..	423	427
Cerebro-vascular disease	149	140
Other circulatory diseases	63	49
Bronchitis and emphysema	76	60
Pneumonia (all forms)	145	129
Motor accidents	8	13
All other accidents	16	12
Suicides	12	8

Ischaemic Heart Disease

Again this year the greatest single cause of death was ascribed to ischaemic heart disease with a total of 321 deaths (175 males, 146 females), showing a slight increase in the figure of attributable deaths, those for 1971 being 313 (180 males, 133 females).

Once more these figures show a greater preponderance of males than females. It is significant, however, that the number of deaths ascribed to this condition is much higher in middle age amongst men than women. Between 45 and 65 years there were 57 deaths in men and 25 in women, well over twice as many fatal attacks.

Respiratory Diseases

This group of diseases caused 252 deaths compared with 203 in 1971 and 237 in 1970. Pneumonia caused 155 deaths (129), bronchitis 76 (60), influenza 5 (2), tuberculosis 5 (3), asthma 3 (1), other respiratory diseases 9 (8). Figures for 1971 in brackets.

No fewer than 117 of the pneumonia deaths took place in persons aged 65 years and over, in many of whom it is a terminal event where the underlying cause is really old age.

Cancer

Deaths classified to this cause (including leukaemia and aleukaemia) and shown in the age groups below number 216 (115 males, 101 females) as against 236 in the previous year.

	<u>Total</u> <u>deaths</u>	<u>Under</u> <u>15 yrs.</u>	<u>15-44</u> <u>years</u>	<u>45-64</u> <u>years</u>	<u>65 years</u> <u>and over</u>
Year 1972	216	3	4	78	131
Year 1971	236	-	12	82	142

These figures show a decrease in total deaths due to cancer compared with 1971. Deaths ascribed to cancer of the lung and bronchus show a fall to 54 from 69 in 1971, 44 of these being in males of whom 20 were under 65 years of age. The deaths in females remain little changed with 10 compared to 13 in 1971.

I should like once again to stress to the public of Rochdale the well established correlation between cigarette smoking and mortality from cancer of the lung and bronchus.

There were five deaths from leukaemia, three male and two female.

Three children of compulsory school age, under 15 years, died of malignant disease during 1972 (2 boys and 1 girl), classified as 'Other malignant neoplasms'.

The following table shows the tremendous change which has taken place in the expectation of life during the last sixty years. It will be noted that no really significant percentage of deaths now occurs below the age of 45 years. It will also be seen that in 1907 almost one third of the deaths occurred in people under 15 years of age, whereas in 1972 the proportion has been reduced to one twenty-fifth.

Percentage of Deaths in year groups, distributed according to age at death

Age Groups	1907	1917	1927	1937	1947	1957	1967	1972
Under 15 years	32	22	14	6	9	5	5	4
15-45 years	45	17	13	13	6	4	4	3
45-65 years		29	33	32	24	23	23	21
65 years and over ...	23	32	40	49	61	68	68	72

Comparative Mortality and Birth Rates

	Death Rate All Causes per 1,000 of population	Live Birth Rate per 1,000 of population	Infant Mortality per 1,000 live births
ROCHDALE	13.5	16.6	23.0
Average 12 neighbouring manufacturing towns	14.1	16.2	21.7
Administrative County of Lancaster	12.5	15.5	18.1
England and Wales	12.1	14.8	17.0

UNEMPLOYMENT

I am indebted to the Manager of the Rochdale Employment Exchange for information regarding the state of unemployment in Rochdale and the adjoining districts of Wardle, Whitworth, Milnrow and Littleborough.

The average number of unemployed persons on the register during the year ended 31st December, 1972 was as follows:— men 1,929, women 356, making a total of 2,285. The figures for 1971 were men 1,442, women 211, making a total of 1,653.

I am also informed that in the middle of 1972 there were approximately 49,987 insured persons (30,219 men and 19,768 women) in employment in the area.

MORBIDITY

The Department continues to receive from the Manager of the Local Office of the Department of Health and Social Security a weekly return of the figures of new claims to sickness benefit. There has been no change in the form of records which cover an area including the postal districts of Whitworth and Milnrow, as well as Rochdale itself.

There was a high incidence of new claims early in December corresponding with the outbreak of influenza.

GENERAL PROVISION OF HEALTH SERVICES

Clinic and Treatment Centres

The hours of clinic sessions and the situation of centres are set out below:

	Mon.	Tues.	Wed.	Thurs.	Fri.
I. - CHILD HEALTH					
(A) Deeplish Clinic Harefield House	10-12 noon 2- 4 p.m.	—	—	—	—
(B) Spotland Clinic, Phoenix Street	—	10-12 noon 2- 4 p.m.	—	—	—
(C) Council Offices, Norden	—	—	—	2- 4 p.m.	—
(D) Baillie St. Council School	—	—	2-4 p.m.	2- 4 p.m.	10-12 noon
(E) Castleton Clinic Hillcrest Rd., Castleton (Mobile Clinic)	—	—	—	—	2nd & 4th in each mth. 10-12 noon 2-4 p.m. wkly.
(F) Matthew Moss Youth Centre Matthew Moss Lane (Mobile Clinic)	—	—	—	—	1st & 3rd in each mth. 10-12 noon
(G) Bamford Working- men's Club (Mobile Clinic)	—	—	—	1st & 3rd in each mth. 10-12 noon	—
(H) Kingsway Clinic, Turf Hill Road	2- 4 p.m.	—	—	2- 4 p.m.	—
(I) Kirkholt Community Centre	—	2- 4 p.m.	2-4 p.m.	—	—
(J) Ralph Williams Clinic, Stevenson Sq., Smallbridge	2- 4 p.m.	—	—	2- 4 p.m.	—
(K) Mayfield Hotel, Belfield. (Mobile Clinic)	—	1st & 3rd each mth. 2- 4 p.m.	—	—	—
(L) Gale Inn, Whitworth Rd., (Mobile Clinic)	—	—	—	1st & 3rd each mth. 2- 4 p.m.	—
II. - ANTE-NATAL					
(A) Baillie St. Council School	2- 4 p.m.	—	—	—	—
(B) Kirkholt Community Centre	—	—	—	2- 4 p.m.	—
(C) Spotland Clinic, Phoenix Street	—	—	—	—	2- 4 p.m.
III. - RELAXATION CLASS					
(A) Baillie St. Council School	7- 8 p.m.	—	—	7- 9 p.m.	—
(B) Kirkholt Community Centre	6.45-8.30 pm fortnightly	—	—	—	—
(C) Spotland Clinic Phoenix Street	6.45-8.30 pm fortnightly	—	—	—	—
IV. - FAMILY PLANNING CLINIC					
(A) Baillie St. Council School	—	2- 4 p.m.	7-9 p.m.	10-12 noon Alternate	7-8.30 p.m. Alternate
(B) Rochdale Infirmary	—	—	—	2- 4 p.m.	—
V. - CERVICAL CYTOL- OGY CLINIC (Baillie St. Council School)	—	5- 7 p.m.	—	—	—
VI. - CLINICS PROVIDED BY THE EDUCATION COMMITTEE -	See Page 77				

Administration and Co-ordination

A good standard of co-operation exists between the Health Services in the town. There is considerable cross-representation in committee membership between the Local Health Authority, the Hospital Management Committee and the Rochdale Executive Council. In some ways more important, there is close working between the officers of the various statutory bodies and a growing understanding of the part which each has to play and the problems with which they are faced. There is also a high degree of co-operation between the various chief officers and departments of the Corporation. This policy is increasingly advocated by successive Secretaries of State for Health and Social Services as reorganisation of the health services and local government approaches.

The policy of liaison and co-operation with family doctors was also maintained during the year with the attachment of a district nurse to three partnerships, the attachment of a midwife to three and the attachment of a health visitor to two.

The case loads of all health visitors are allocated according to the general practices with which the patients are registered instead of being divided on a geographical basis as formerly.

HEALTH CENTRES

Work on the health centre at Sudden started in the first half of the year and was well advanced by the 31st December.

Numerous meetings were held to discuss the planning of the Baillie Street health centre during the year between representatives of the Corporation, the Executive Council and the general practitioners. At the end of the year sketch plans were being studied, but the final lay-out had not been approved. It was, however, hoped that work on the site would start in the Autumn of 1973.

HOSPITALS

I am grateful to Mr. G.R. Eastwood, Group Secretary to the Rochdale and District Hospital Management Committee, for the following comments:—

“During the year under review, the Rochdale Group of Hospitals has continued to press on with a vigorous programme of improvement and development. At Birch Hill Hospital work is well under way on the building of the new geriatric day centre, the psychiatric day centre and the special baby care unit are now nearing completion. Work has also commenced on preparing the site for a new sixty-bedded surgical block to be known as the ‘Woolfenden Ward’.

Residential accommodation for medical and nursing staff has been developed with the acquisition of property in the surrounding district, extra bedrooms for the doctors’ residence and the building of eight flatlets for senior nursing staff.

Following the recommendations of the Salmon Report on the ‘Senior Nursing Staff Structure’, all appointments down to nursing officer grade have been fully implemented. Various divisions in the medical and surgical disciplines

have been set up in the light of the recommendations of the Cogwheel Report on the 'Organisation of Medical Work in Hospitals'. To meet the administrative accommodation needs of these functions, additional offices are being built and should be completed during the year under review.

At the Rochdale Infirmary, work is nearing completion on the new centre for day surgery and extensions to the medical records department, whilst work is well under way on the provision of a new boiler room.

In March, we received a visit from the Right Honourable Sir Keith Joseph, Secretary of State for Health and Social Services, who visited Birch Hill and Marland Hospitals, as part of a five town tour to examine the geriatric services in the North West. A team from the National Health Service Hospital Advisory Service also visited our psychiatric unit at Birch Hill Hospital.

Once again the voluntary organisations in the area have played an important role in the running of our hospitals. We are grateful to the Women's Royal Voluntary Service, the British Red Cross Society, the League of Hospital Friends, the Rotary Clubs, Round Tables, Ladies' Circles and Lions Club of Rochdale, and the Heywood Medical Charities, who, together with many other organisations, through their charitable work, help to provide those 'little extras' for our patients and make their stay in hospital as comfortable as possible.

We have continued to train student radiographers, student cardiographers, medical laboratory technicians and apprentices in the catering, electrical and building trades. The Group continues to participate in the training of hospital administrators and medical social workers.

In the field of management training, many members of staff of all grades have been able to enjoy the benefits of management courses in various disciplines, held at the Regional Staff Colleges.

Meetings of various Liaison Committees have continued to be held to maintain the close links which exist between the Rochdale County Borough, family practitioners and the Hospital Group. An important factor in this link is the valuable contribution made by Dr. R.G. Murray, Medical Officer of Health, who, in addition to being a member of our Hospital Management Committee and the hospitals' Medical Advisory Committee, is a member of our Special Planning Sub-committee, the Nursing Education Sub-committee, a lecturer at the Rochdale School of Nursing and Chairman of the Joint Liaison Committee for National Health Service Reorganisation in the Greater Manchester District 12 (D)."

The Medical Officer of Health is also a member of Calderstones Hospital Management Committee.

HOME NURSING

This Service continued to be run on an agency basis by the Rochdale District Nursing Association though arrangements for its transfer to the Health Department were well in hand at the end of the year with the actual date being fixed for the 1st April, 1973.

The Local Health Authority is represented by three members of the Health Committee and the Medical Officer of Health on the Association's Executive Committee. Two members of the Association's Committee attend the Domiciliary Services Sub-Committee of the Health Committee.

At the end of the year the staff of the Home consisted of the superintendent, one assistant superintendent, one senior nurse, 14 trained female district nurses, one trained male district nurse, four female state enrolled nurses, seven female part-time district nurses, one male state enrolled nurse and two student district nurses.

During the year 124,125 visits were paid to 4,413 patients, compared with 111,636 visits to 4,345 patients in 1971. Of these, 3,297 were new patients, most of whom were referred by general practitioners, but some were sent by hospitals, clinics and the Public Health Department. These figures show an increase of 12,489 visits with an increase of 68 patients.

Among these 4,413 patients, the following are the main groups of conditions treated:—

	<u>1972</u>	<u>1971</u>
Anaemias	562	614
Post-operative dressings	913	704
Other dressings	481	448
Accidents	334	334
Ear, nose and throat conditions	252	245
Senility	170	147
Midwifery and gynaecological conditions	111	163
Respiratory infections	169	132
Arthritis and rheumatism	70	49
Cancer	97	127
Cerebral lesions	144	124
Cardiac diseases	97	83
Gastro-intestinal disorders	114	117

The following is a summary of the work during the year:—

Patients on books 1st January	1,116	951
New patients during the year	3,297	3,394
Total nursed	4,413	4,345
Total discharged	3,276	3,229
Remaining on books 31st December	1,137	1,116

Method of Discharge

Convalescent	1,805	1,702
Removed to hospital	200	293
Relieved	1,039	1,036
Died	232	198
Total visits paid to 4,413 patients	124,125	
Total visits paid to 4,345 patients		111,636

Of the total visits, 1,156 were paid to 435 children under five years of age.

The marked increase in visits can be partly ascribed again to the increase in new patients, attachments to group practices, and increasingly to the general policy of hospitals to discharge patients at an early stage of convalescence to community care.

No fewer than 1,241 of the patients dealt with were referred only for the purpose of receiving various forms of injections. This service by itself makes a significant contribution to keeping individuals ambulant or even working. A total of 30,976 such visits were made during the year.

It is also interesting to note that 3,015 of the total patients were over the age of 65 and they absorbed 81,793 visits or 66% of the total.

The evening clinic for injections which is held at the Nurses' Home for the benefit of patients who work during the day continues to be well attended and averages 22 patients at each session. The number of late evening visits to patients requiring night sedatives etc. totals 1,341.

Disposable equipment such as dressings, towels and syringes continues to be used and saves a great deal of the nurses' time. The central stores for sterile supplies continued to be a great time-saving factor.

The laundry service also continues to play a very important part in the essential work of domiciliary nursing and from the figures given in the section dealing with prevention, care and after-care, it will be seen that the demand continues with so many incontinent patients being dealt with in their own homes. In addition, incontinence pads, pants and disposable linings are available. These provisions are very much appreciated and certainly advantageous from the nursing point of view.

There are now three district nurse/general practitioner attachments in operation. As will be seen by the following table which shows the work carried out at these group practices, a considerable number of patients have been attended to by the district nurses in the surgeries for various types of treatment such as injections, dressings etc.

					<u>Spotland</u>		<u>Wellfield</u>		<u>Vicar's Drive</u>
Sessions	...	...	...	...		120		249	77
Patients — New	...	...	...	...	523)	1047	405)	1108	23) 306
Old	...	...	...	...	524)		703)		283)
Attendances — New					523)		405)		23)
Re-visits			...		1427)	1950	2113)	2518	412) 435
Injections	...	...	...	...		753		1391	432
Dressings	...	...	...	...		891		718	48
Others	...	...	...	...		282		363	5

The training of district nurses continued throughout the year and, in addition to the visits mentioned above, 234 teaching and supervisory visits were undertaken. Six candidates completed their training during the year at the Nurses' Home.

A considerable amount of time is taken up by advisory visits to the Local Authority's Homes for the Aged, a total of 230 having been paid by the nurses.

The attendance of the superintendent at refresher courses and conferences keeps the service up-to-date with all modern advances.

REGISTRATION OF NURSING HOMES

Public Health Act, 1936 and Nursing Homes Act, 1963

Highfield Nursing Home is registered with the Local Authority as a Private Nursing Home for twenty-two patients.

Regular visits of inspection have been carried out by the superintendent health visitor and a member of the public health inspector staff. Conditions generally have been found to be very satisfactory.

LABORATORY FACILITIES

Throughout the year the bacteriological examination of milk, water and ice-cream, as well as routine specimens of faeces, urine, etc. obtained by officers of this department has been carried out at the Public Health Laboratory, Withington Hospital, Manchester.

Individual specimens from hospital and general practitioners' patients are still referred to the local hospital laboratories, from which information of epidemiological importance is passed to the Medical Officer of Health and to the Public Health Laboratory Service.

The chemical analysis of water, as well as milk and foodstuffs, taken under the Food and Drugs Act, is performed by the Public Analyst. In addition, any casual analyses are also referred to this officer.

MATERNAL AND CHILD HEALTH SERVICE

Notification of Births – Public Health Act, 1936

There were 1,535 births notified, all by midwives. This figure included 1,428 occurring at Birch Hill Maternity Home* and other hospitals, classified to Rochdale.

Health Visiting Service

There were eleven full-time health visitors and three part-time health visitors in post at the end of the year.

During the year four students successfully completed health visitor training and two part-time health visitors were recruited. One full-time and one part-time health visitor resigned. One health visitor completed and two commenced, the Field Work Instructor training.

Six student health visitors were recruited and seconded to Manchester and Bolton Training Centres.

Six State Registered Nurses undertook routine duties in all schools, including nursery schools, and visited families in their own homes.

Five State Enrolled Nurses, including a male interpreter, gave assistance in schools and carried out treatment at all minor ailment clinics. They also assisted school nurses in routine vision testing in schools.

A State Registered Nurse undertook contact tracing and the follow-up of patients suffering from tuberculosis and other chest conditions.

The following table shows the way in which the health visitors and tuberculosis visitor have spent their time:—

	1972
Primary visits to live births	1,550
Visits to children born during year	2,068
Visits to other children under five years	7,757
Visits to school children	756
Visits to persons 17 - 64	1,336
Visits to persons 65 years and over	371
Unsuccessful visits	2,849
Total ...	<u>16,687</u>
Cases referred by hospital	73
Cases referred by general practitioners	309
Sessions:	
Local Authority clinics	1,056
Hospital units	469
General Practitioners' surgeries	122
Health Education	191
Case conferences	58
School visits	60
In-service training	84
	<u>2,040</u>

General Practice Attachment

As a result of the redistribution of health visitor case loads carried out in 1971 a better understanding has developed between general practitioners and health visitors. Medical and nursing staff who will be working in the health centre which will be opened in 1973 have met regularly and good relationships are already established. The health visitors based on surgery premises of group practices continue to extend their role and discussions have taken place with regard to two other health visitors transferring to practice premises when suitable accommodation is available.

Hospital Liaison

Health Visitors continue to attend regularly at the Ante-natal Clinic. The importance of breast feeding has been discussed and more emphasis is now placed on the promotion of breast feeding by midwives and health visitors.

There is close co-operation with the Chest Physician through the tuberculosis visitor based at the Chest Clinic. Liaison with the Paediatric Department continues and will increase still further when the developmental screening programme described elsewhere in the Report becomes established.

It is hoped that opportunities will be presented for closer liaison with other departments, including Geriatric, Psychiatric and Diabetic, to ensure community care and support for families.

Reorganisation within the Social Services Department appeared to have caused some difficulties initially with particular effect on communication. However, the Department is resolving some of its problems and closer co-operation between social workers and health visitors is being established. Discussions have taken place regarding the use of Newbold Family Centre and health visitors have been invited to take part in a Mother and Baby Group, also to attend at a specific time to advise on particular health problems.

Responsibility for registration and supervision of Play Groups now rests with the Social Services Department. In order to continue health supervision of children attending, each Play Group has been allocated to a health visitor who will visit and can be called in if necessary.

A double-decker bus has been adapted to provide play opportunities for children at various sites. A committee of management has been formed and includes the Deputy Superintendent Health Visitor.

Courses, In-Service Training and Conferences

The majority of the nursing staff have attended Integration Courses in preparation for the reorganisation of the Health Services in 1974. Health visitors have attended courses and conferences organised by Local Health Authorities, Education Departments and professional and voluntary organisations.

Topics ranged from management, principles and practice of teaching, audiology, to alcoholism and drug dependence.

In-service training included a short course for health visitors on developmental screening of the under fives, which was conducted by a general practitioner and a health visitor tutor.

School nurses attended a two day course which included lectures, demonstrations and a visit to a disinfestation unit.

An invitation was extended by the post-graduate tutor at the Bateman Centre to nursing staff who attended appropriate study days and lunchtime meetings for medical personnel. These opportunities were much appreciated.

Meetings of nurse administrators and tutors representing Rochdale and Lancashire County Council Authorities and Birch Hill Hospital, which were initiated in 1971, continued throughout the year and a programme of experience in community care has been prepared for six students who will take part in a pilot project commencing 24th April, 1973.

Consultation with the Principal Nursing Officer, Midwifery Division, Birch Hill Hospital, took place and arrangements were made for pupil midwives to receive community care experience during the one year period of training.

Family Planning

There has been an increased demand and a corresponding expansion of the family planning service, with additional clinics at Rochdale Infirmary and the introduction of a domiciliary service. The referrals for this service have so far been limited in number. Health visitors give every encouragement to their clients to attend at one of the clinic sessions and in special circumstances accompany them.

A circular from the Department of Health and Social Security recommends that two day appreciation courses be arranged for health visitors in order that they will be equipped to play a vital role in the future development of family planning.

Two such courses have been arranged to take place in 1973 at the Teaching Unit, Birch Hill Hospital.

'At Risk' Register

The register of children 'at risk' has been continued during the year. At the 31st December there were 568 children on the register and 486 of these were under two years.

Every effort is made to observe these children and appointments are made at periodic intervals for examination at the appropriate child health clinic.

Congenital Malformations

The scheme for reporting congenital defects apparent in infants at birth to the Medical Officer of Health, which was brought into operation on the 1st January, 1964, on instructions from the Ministry of Health, was continued. During 1972, 54 infants were notified to the Medical Officer of Health as suffering from congenital defects observed at birth. This figure includes both live and stillbirths.

Nutrition of Children of Immigrant Families

The medical and health visiting staffs have become increasingly aware from the accumulating evidence of cases investigated in hospital that there is a considerable incidence of defective nutrition amongst the children of Asian immigrants due to faulty dietary habits acquired over the centuries in a cultural and climatic background vastly different from that of Rochdale. Diets are deficient in minerals, vitamins and first class protein, and contain excessive carbohydrate. The commonest manifestation observed is hypochromic anaemia due to lack of ingested iron, but rickets is reappearing and there were two cases diagnosed in children of Asian families during the year (three in 1971). This is commonly ascribed to lack of Vitamin D in the diet, but excessive carbohydrate and shortage of calcium may also be involved.

Recent research carried out in Birmingham, Bradford, Glasgow, and in the Rochdale group of hospitals confirms the above findings of our staff.

Our health visitors are fully aware of the situation and are tireless in their efforts to instruct mothers in correct feeding methods, but habits and customs change slowly, and a sudden and dramatic improvement is not to be expected.

Developmental Screening

The health visitor for over a century has convinced mothers of the need for hygiene and nutrition if their children are to survive and has emphasised the importance of immunisation. Today much of her effort is still concerned with those whose age or circumstances make them most vulnerable to health hazards. Her career, however, is directed increasingly towards helping parents to appreciate and understand the various stages of their children's development and in assessing at an early age their physical, mental, emotional and social progress. It is generally agreed that the younger the age at which children with disabilities are discovered and fully assessed, the more hopeful is the prognosis for recovery and rehabilitation.

Health visitors attended a short course of training on developmental screening of the under fives, conducted by a health visitor tutor and a general practitioner.

Additional clinic sessions will be held and children born on and after the 1st January, 1973 will be screened by health visitors at six weeks, seven months, one year and on their second, third and fourth birthdays, to determine that their development is normal in regard to movement, hearing and speech, vision, and in social behaviour and play.

Referral will be made whenever necessary to the general practitioner or medical officer at a Local Health Authority clinic and, if appropriate, children will be followed up at the Paediatric Department at Birch Hill Hospital.

It is recommended that health visitors require clerical assistance and staff based in the Public Health Department have received limited help. Health visitors based in outlying clinics have not, until recently, been so provided, but during the year clerical assistance has been extended.

Young Wives' Club

The club at Deeplish continues to operate very successfully each fortnight.

Bureau of Baby Sitters

The bureau of baby sitters, established in 1964, continued to provide a useful service throughout 1972. Parents of young children wishing to avail themselves of the services of a baby sitter are advised to apply to the Health Department for a list and then to make the necessary arrangements themselves. A charge of 5p is made for each list provided to cover administrative costs.

Payment for service provided is left to mutual agreement between the baby sitter and the couple concerned, but a minimum charge of 25p per hour is recommended.

At the end of the year 22 persons were registered as baby sitters and 842 lists had been issued, including 78 in 1972.

Child Health Clinics

Child Health Clinics continued to function at the various Centres throughout the town.

CLINIC	New Cases admitted during 1972	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		Year of Birth 1972	Year of Birth 1971	Year of Birth 1968-70		
Deeplish * (Monday)	222	1452	1768	507	41	1614
Ralph Williams Clinic Smallbridge (Monday)	55	282	609	522	31	499
Ralph Williams Clinic Smallbridge (Thursday)	25	200	302	235	14	-
Spotland * (Tuesday)	169	983	1346	531	29	925
Baillie St. (Wednesday)	140	627	842	463	38	774
Baillie St. (Thursday)	95	454	593	237	25	340
Baillie St. (Friday)	137	655	841	493	40	839
Norden (Thursday)	112	651	757	227	32	524
Bamford (Thursday) 1st & 3rd each month (Mob.C.)	33	186	245	127	23	141
Kirkholt (Tuesday)	144	1033	991	259	47	984
Kirkholt (Wednesday)	33	337	405	94	16	-
Kingsway (Monday)	143	675	698	432	39	736
Kingsway (Thursday)	52	376	405	316	22	-
Castleton * (Friday) 2nd, 4th & 5th each month, all day. 1st & 3rd each month - p.m. (Mob.C.)	128	818	717	244	36	658
Matt. Moss (Friday) 1st & 3rd each month - a.m. (Mob.C.)	64	560	370	113	21	389
Mayfield (Tuesday) 1st & 3rd each month - p.m. (Mob.C.)	28	104	132	56	13	160
Gale Inn (Thursday)	22	110	26	19	26	83
Totals	1602	9513	11047	4875	-	8666
Totals 1971	<u>1971</u> 1872	<u>1971</u> 10736	<u>1970</u> 11706	<u>1967-69</u> 8110	-	9620

* Two Sessions

A decrease is shown in the total attendances on those for the previous year from 30,552 to 25,435. The total examinations made by medical officers also decreased from 9,620 in 1971 to 8,666 in 1972. A partial explanation may lie in the fact that the doctors in a large group practice were conducting their own child health clinics throughout the year on a weekly basis.

Mobile Clinic

During the year the use of the mobile clinic was extended to include fortnightly sessions at the Gale Inn, Whitworth Road, in addition to those held at Mayfield, Bamford, Castleton and Matthew Moss. The work carried out at these sessions is seen in the preceding table.

Domiciliary Midwifery Service

Miss A.M. O'Sullivan acted as Non-medical Supervisor with a staff of seven midwives.

Pupil midwives have continued to come to us from Birch Hill Hospital for their community training on the district. During the year 11 pupils underwent such training.

Ante-Natal Clinics

An ante-natal session for domiciliary confinements continued to be held weekly at the Baillie Street clinic on Monday afternoons, conducted by a lady medical officer employed on a sessional basis.

After the first visit to the central clinic, patients living in the Kirkholt and Spotland areas have continued to attend Kirkholt clinics on Thursday afternoons and Spotland clinic on Friday afternoons for their re-visits.

All patients attending the ante-natal clinics receive blood tests during pregnancy. The tests which are done routinely are for the Rhesus Factor, serology and haemoglobin estimations. Rhesus negative women have their blood tested at 28 and 32 weeks approximately for antibodies. The results of the tests are notified to the patient's general practitioner. Those showing a markedly reduced haemoglobin content are referred for treatment.

At each clinic visit the patient is weighed, her blood pressure taken and her urine tested. Clinic defaulters are followed up and examined at home by the midwives if necessary.

Alternatively, patients may choose to attend their own doctor for ante-natal supervision.

As will be seen elsewhere, infant mortality shows a decrease compared with 1971 whilst the perinatal mortality rate remains the same, both still well above the national figures. As has been stated previously, this is a constant finding for the industrial conurbations of the north west of the country and there are a number of possible contributing factors — social, medical, climatic and environmental.

Once more I should like to emphasise to all expectant mothers the extreme importance of early and regular ante-natal supervision throughout their pregnancies, whether this be obtained from their own general practitioner, the hospital ante-natal clinic or the local authority ante-natal clinic. Unfortunately, there is a small minority

who fail to place themselves under regular supervision and from time to time a tragic loss of infant life occurs, which might possibly have been avoided had professional supervision been sought. The responsibility for the initial approach to the health services and for regular attendance thereafter rests entirely with the woman herself. If she fails to make full use of what is provided no blame can be attached to the medical or nursing professions.

Patients to be confined at home, or at Birch Hill Hospital, have the opportunity to attend ante-natal relaxation exercise classes. These classes continue to be held twice weekly at the central clinic and on alternate Monday evenings at Kirkholt and Spotland Clinics. During the year 149 sessions for relaxation exercises were held, at which 266 women made a total of 1,235 attendances. At the re-visit a health visitor attends to conduct informal discussions and health education.

The following table shows the visits the midwives have carried out:—

							<u>1972</u>	<u>1971</u>
Cases delivered	...	...	...	...	...	...	107	183
Subsequent visits	...	...	...	...	...	...	1,576	2,555
Continuation visits to hospital patients	...	...	...	...	...	...	7,318	7,451
Ante-natal home visits	...	...	...	...	...	...	1,409	1,737
Ante-natal clinic visits	...	...	...	...	...	...	131	208

The domiciliary deliveries noted above represent 6.9% of the total births in the town.

There were 377 hospital delivered cases discharged home within three days of delivery compared with 363 in 1971.

As has been previously stated, as the percentage of hospital confinements increases there is naturally a corresponding decrease in home deliveries. The overall burden of work, however, is maintained by continuation visits to patients who have had their babies in hospital.

All midwives have machines for the administration of Trilene analgesia. Trilene was administered in 62 cases, Pethilorfan in 74 cases and Entonox in 20 cases.

The following cases were reported by the midwives as having been admitted to hospital during confinement, although they had started to look after them in their own homes.

Medical reasons	...	...	...	7	Post maturity	...	...	...	2
Delay in first stage	...	...	...	6	Transverse lie	...	...	...	2
Premature rupture of membranes	4	Breech	...	...	...	...	...	...	1
Premature labour	...	...	4	Toxaemia	...	...	...	...	1

The following cases were reported by the ante-natal clinic as having had their bookings changed from home to hospital during the ante-natal period. These exclude those who came to book for home delivery, but who were advised at the time to have hospital delivery.

Medical reasons	...	...	...	6	Post-natal sterilisation	...	...	2
Unstable lie	...	...	...	2	Transverse lie	...	...	1
Social circumstances	...	...	...	2	Rhesus antibodies	...	...	1

The following table shows the attendances at the ante-natal clinics:—

	<u>L.A. Clinic</u>	<u>Hospital Clinic</u>
Expectant mothers attending (new cases) ...	147	1474
Attendances (old and new cases) ...	2579	8040

Three group practices conduct their own ante-natal clinics to which domiciliary midwives are attached and the following shows the attendances during 1972:—

Clinic sessions ...	153
Attendances for home bookings ...	438
Attendances for Hospital bookings ...	2228

Post-Natal Clinic

The post-natal clinic continued to be held at the Infirmary Out-patient Department. This clinic is attended by the Consultant Obstetrician and Gynaecologist and is designed for patients who have had hospital confinements, but they may attend their family doctor for this purpose. Mothers who have their babies at home are expected to attend their general practitioner for their post-natal examination.

	<u>Hospital Post-natal Clinic</u>
New cases ...	208
Attendances ...	208

Maternal Mortality

There were no deaths recorded by the Registrar General in 1972 as due to maternal causes.

The following table shows the comparative maternal mortality rates:—

Area	1972	1971	Average 5 yrs. 1967/71
ROCHDALE ...	—	—	—
Average 12 neighbouring manufacturing towns ...	0.31	0.18	0.15
Administrative County of Lancaster ...	0.18	0.26	0.19
England and Wales ...	0.12	0.17	0.15

The last maternal death recorded in Rochdale was in 1960. This is one of the few mortality figures where Rochdale continues to show a better result than elsewhere in the country.

Standard Maternity Record Cards

These cards, introduced on the 1st January, 1964, on the advice of the Ministry of Health, continued to be used throughout the year.

Emergency Maternity Unit

Under arrangements made by the Rochdale and District Hospital Management Committee this unit, based at Birch Hill Hospital, is available on call at all times within the Hospital Management Committee's catchment area and was called out on two occasions by the Midwifery Service during the year.

Medical Assistance

Midwives practising in the district requested the services of a medical practitioner in 32 maternity cases and in 3 for newly born children. The corresponding figures last year were 48 and 7 respectively.

Maternity Outfits

Sterilised accouchement outfits continue to be supplied free of charge to expectant mothers when having their confinement at home. These outfits of the standard prescribed by the Department of Health are available at the ante-natal clinics or through the domiciliary midwives. During the year 118 outfits have been issued. These outfits are of inestimable benefit in reducing the risk of infection in home confinements.

DISTRIBUTION OF WELFARE FOODS

Distribution has continued at the various child health clinics during clinic sessions and at the Public Health Offices, Baillie Street, during office hours (with the exception of Tuesday afternoon).

The distribution centres are staffed by two full-time and one part-time female assistants.

<u>Distribution</u>	<u>1972</u>	<u>1971</u>
National Dried Milk	5,569	5,028
*Cod Liver Oil	-	549
*Orange Juice	-	28,114
A & D Vitamin Tablets	610	1,000
AC & D Vitamin Drops	6,818	2,719
Proprietary Brands Milk Foods	18,737	22,757
Rose Hip Syrup	12,496	14,163

The proprietary brands of milk and rose hip syrup continue to be offered through the clinics at concessional prices and a variety of cereal foods, Adexolin etc., is also supplied.

*Orange juice and cod liver oil ceased to be official issue during 1971.

HEALTH EDUCATION

Members of staff of the Department have continued to give talks to organised groups on a variety of subjects. The following table gives the details:—

<u>Subject</u>	<u>No. of Talks</u>	<u>Total Audience</u>
Ambulance Service	2	75
Burns and First Aid	4	64
Child Care	1	15
Domestic and Industrial Pollution ...	4	103
Drugs	3	69
Family Planning	3	68
Food Hygiene	6	205
Home Safety	2	43
Mouth-to-mouth Resuscitation	1	40
Nutrition and Diet	7	188
Pest Extermination	2	80
Work of the Health Visitor	3	84
Work of the Public Health Inspector ...	4	85
	<u>42</u>	<u>1,119</u>

A limited programme of health education continues to be carried out in schools in response to requests from teaching staff, but until the health visiting staff can be increased a general approach is not possible.

Home Safety

Efforts to improve the practical application of home safety material have continued. Members of the Home Safety Committee and of Corporation Departments have been conscious of their limitations in this field and the arrangement of a two day training course in home safety during the year was continued on the 6th and 7th April.

Following previous successful Poster Contests, the venture was repeated in the Autumn. Health visiting staff spoke to pupils aged 8 to 13 years in 23 schools on the theme 'Safety in the Kitchen'. After judging by a panel of experts the prize-winners received their awards at a presentation by the Mayor in the Town Hall.

The Committee is always on the look-out for new ways to take the Home Safety message to the public, since it is still necessary to drive home the fact that many of these accidents can be avoided by commonsense and care.

Manchester Regional Committee on Cancer

I am indebted to Mr. R.L. Davison, Executive Officer of the Educational Project of the above Committee for the following report:—

"Potentially one of the most significant steps forward for many years in the control of cancer was taken when in 1972 the Department of Health announced its plans to set up initially four trial 'Oncological Centres' in England. These will have an interest in every aspect of dealing with cancer, and in time should be able to co-ordinate and concentrate efforts on a scale hitherto unknown in Britain. The North West can justly be proud of being one of the regions selected for the first of the oncological centres. Moreover, it is not extravagant to claim that the official inclusion of public and professional education among the main interests of these

centres owes more than a little to the demonstration by the Manchester Regional Committee on Cancer that a programme of cancer education that is executed tactfully and avoids strident publicity techniques, can help the public, the family doctor, the cancer specialist and, above all, the cancer patient. This demonstration was possible only because of the consistent support by local health authorities of the Committee's work for many years.

The Committee has always followed a policy of research and evaluation, the results of which have been fed into its own educational programme as well as being of use to other schemes elsewhere. During the year under review we gained important pointers from a study of the smoking behaviour of adolescents, which may well modify anti-smoking education in the future. From this study it seemed that, even among young people well on in their teens, the attitude of parents towards their children smoking was more important than the example the parents set. If this proves correct, the implication is obvious that parents, even of young adults, should be a target for health education in this matter and should be made aware of the profound influence they may have on the smoking behaviour of their children. The results of two other pieces of research into the usefulness of poster advertising and into what people really want to know about the disease, should be published in 1973.

As in previous years, the Committee directly approached a large number of groups and societies in the County Borough to arrange talks and discussions on cancer. The response of nine groups in Rochdale was a little lower than the average in recent years, but we hope this may be adjusted in the ensuing twelve months. In these discussions the importance of women using facilities for cytological screening was always stressed and, where appropriate, the health risks of cigarette smoking were also discussed.

Once again, Radio Manchester assisted by arranging three broadcasts by the Executive Officer, and the Manchester Evening News, which is widely read throughout the region, published a splendid series of articles on cancer in consultation with the Committee. In collaboration with the Committee, Granada Television produced another programme on cancer which will be broadcast to schools in the Spring of 1973. The Committee offers films and other visual aids to schools free of charge, as well as its leaflets and posters on the cervical smear test free to the Health Department. During the year the Local Co-ordinating Committee for Cervical Cytology, of whose Newsletter the author is Editor, helped to promote this service throughout the region.

Through its Sub-committee on Professional Education, the Committee has been able to influence undergraduate medical teaching as well as the content of post-graduate medical courses. Through this work, and through the lectures it arranged for student nurses and for nurses in the public health service, the Committee hopes to ensure that every doctor and nurse fully supports the educational work that is vital if more people are to be cured of cancer."

AMBULANCE SERVICE

The total number of vehicles in the fleet remained unchanged and at the end of the year comprised five ambulances, five dual purpose vehicles and three sitting case vehicles. During the year four vehicles were replaced – Dennis diesel ambulance 4859 DK by Ford Transit ambulance VDK 894K, Bedford dual purpose vehicle (with lift) FDK 614C by Bedford sitting case vehicle VDK 519K, both vehicles having been ordered in the previous year, and Ford Transit sitting case vehicle GDK 429D and JDK 428E were replaced by similar makes of vehicles, VDK 241L and YDK 631L.

The personnel consisted of the Ambulance Officer, Controller, four Station Officers, 26 Drivers, one Clerk/Controller/Telephonist and two Telephonists. Mr. C.J. Purves resigned as Ambulance Officer having obtained a similar post at Grimsby. Mr. L. Hollows was appointed as his successor from the 1st March, 1972, having previously held the post of Controller. Mr. R. Bell was promoted to Controller.

In the following table the definition of other persons and patients has the same meaning as in previous years.

	BOROUGH						COUNTY AND OTHERS					
	Ambulances		D.P. Vehicles		S.C. Cars		Ambulances		D.P. Vehicles		S.C. Cars	
	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971
PATIENTS:												
Emergency ...	2491	2521	555	598	161	203	1	-	1	-	-	-
Ordinary Removals	21552	18969	19122	26463	8877	9516	4	3	2	2	-	-
Other Persons ...	5777	5066	3362	3815	1318	1620	1	2	-	-	-	-
Totals ...	29820	26556	23039	30876	10356	11339	6	5	3	2	-	-
MILEAGE:												
Removals ...	78558	76113	58859	72634	27811	26918	40	28	21	6	-	-
General Transport	-	57	1066	1320	60	114	-	-	-	-	-	-
Lost Journeys												
D.D. ...	1518	1363	593	430	490	208	-	-	-	-	-	-
Midwifery ...	15	5	9	43	10	19	-	-	-	-	-	-
Totals ...	80091	77538	60527	74427	28371	27259	40	28	21	6	-	-
CALLS:												
Total Calls	13270	12288	7906	8701	3604	3241	5	4	3	2	-	-
Transmitted by												
Radio ...	4447	5862	2280	3846	886	1527	-	-	-	-	-	-

During the year there was a decrease in the number of persons carried by 5,554. Removals decreased by 5,396, emergencies by 113 and other by 45. The vehicle mileage totalled 169,050, a decrease of 10,208 on the previous year. The reduction in cases and mileage was mainly due to the Social Services and Education Departments assuming responsibility for the transport of trainees and pupils to the Innes Training Centre and School.

The main emergency cases fell into the following categories:—

Street accidents and incidents ...	370
Works accidents and incidents ...	137
Schools, public places — accidents and illnesses ...	649
Home accidents ...	670
Sudden illnesses etc. ...	1,051

Negotiations with the representatives of the men and their Union – N.U.P.E., on a productivity agreement, continued and agreement was reached in August with retrospective effect to the 1st April, 1971.

On the recommendation of the National Ambulancemen's Council a Local Authority Joint Consultative Committee was established and regular meetings have been held. The first meeting was held on the 9th November, at which items of common interest were discussed.

A team was entered for the regional eliminating rounds of the National Ambulance Service competition during 1973, but was unsuccessful.

During the year 30 drivers entered for the National Safe Driving Competition and 21 qualified.

The policy of training ambulance personnel has been continued and 14 drivers attended refresher courses of two weeks' duration at the Lancashire County Council Training School at Broughton, Preston. All completed their courses with satisfactory results.

The Ambulance Officer attended a Civil Defence Senior Officers' Course at Easingwold and the Controller attended the Ambulance Instructors' Course at Wrenbury Hall, Cheshire.

VACCINATION AND IMMUNISATION

National propaganda material is made available to the public and is supplemented by local propaganda of the usual visual type. From time to time general practitioners are circularised with any fresh information or about altered arrangements.

We continue to use triple antigen — diphtheria/whooping cough/tetanus — in our immunisation schedule. The scheme now in operation covers immunisation against smallpox, poliomyelitis, diphtheria, whooping cough, tetanus, measles, rubella and tuberculosis.

Diphtheria Immunisation

During the year 1,219 children under five received a course of immunisation including 256 by general practitioners. In 1971 the number immunised in this group was 1,257. The following table shows immunisation in relation to the child population under five years of age. The numbers immunised include all those who had completed a course of immunisation before 1st January, 1973. The estimated population figure is supplied by the General Register Office.

Age at 31.12.72 i.e. born in Year	Under 1 1972	1971	1970	1969	1968	Total
Immunised	8	847	1021	1027	1556	4459

In addition, 500 children between the ages of five and fifteen received primary immunisation as compared with 658 in 1971, and 1,800 children received reinforcing doses, including 94 given by general practitioners, compared with 1,846 and 137 in 1971.

Of the initial doses, 1,117 were of triple vaccine and of the booster doses 63 were of triple vaccine.

Whooping Cough Immunisation

The general arrangements for immunisation against whooping cough remain unchanged, particularly the continuation of immunisation by the use of triple vaccine.

During the year 1,117 children received a full course of injections as compared with 1,154 the previous year. Of this number 256 were immunised by their own doctors. Of the initial doses 1,117 were of triple vaccine and of the booster doses 63 were of triple vaccine.

Since the scheme started in September, 1949 there have been 21,061 children immunised. In that period altogether some 1,787 cases of whooping cough have been notified and only 209 of these were amongst immunised children.

Whooping cough protection follows the same course as diphtheria immunisation and the two antigens are almost invariably given combined. With whooping cough, however, there is the continuing stimulus of the presence of disease in young children without, happily the killing potentiality of diphtheria.

The apparent severe reduction in the number of boosting injections given against whooping cough is due to the introduction of the current schedule of immunisations in which boosters are no longer given as a routine.

Measles Vaccination

This procedure was introduced in May, 1968 and was offered to primary school children and pre-school children over the age of one year. At the Local Authority clinics immunisation was carried out on 496 children whilst general practitioners dealt with 148 children.

The following table shows the distribution of the general work of immunisation.

	1967	1968	1969	1970	1971	1972
GENERAL PRACTITIONERS						
Poliomyelitis Vaccination	273	286	160	163	171	235
" Reinforcing Doses	152	106	121	168	143	101
Diphtheria Immunisation	304	338	169	160	223	257
" Boosters ...	194	228	183	176	137	94
Whoop. Cough Immunisation	303	333	168	159	222	257
" Boosters ...	157	156	112	113	77	60
Smallpox Vaccinations ...	190	224	241	297	158	260
" Re-vaccinations	280	437	564	1,061	1,215	1,216
Tetanus Vaccination ...	304	338	169	160	223	257
" Boosters ...	194	228	183	176	137	94
Measles Vaccination ...		165	94	99	85	148
Rubella Vaccination ...					21	8
M.C.H. CLINICS:						
Poliomyelitis Vaccination	1,197	1,066	720	977	993	930
" Reinforcing Doses	738	984	1,109	1,240	1,399	1,972
Diphtheria Immunisation	890	909	414	930	1,006	917
" Boosters ...	563	646	594	260	80	17
Whoop. Cough Immunisation	785	870	398	881	932	860
" Boosters ...	511	571	547	234	22	3
Smallpox Vaccinations ...	336	363	193	194	183	32
" Re-vaccinations	26	3	100	21	6	94
Tetanus Vaccination ...	890	909	414	930	1,006	917
" Boosters ...	563	646	594	260	80	17
Measles Vaccination ...		1,725	922	411	543	496
SCHOOL CLINIC:						
Diphtheria Immunisation	409	379	350	307	686	545
" Boosters ...	1,496	1,347	1,186	1,580	1,629	1,689
Tetanus Vaccinations ...	409	379	350	307	686	545
" Boosters ...	1,496	1,347	1,186	1,580	1,629	1,689
Rubella Vaccination ...					1,191	377
TOTALS:						
Poliomyelitis Vaccination	1,470	1,352	880	1,140	1,164	1,165
" Reinforcing Doses	890	1,090	1,230	1,408	1,542	2,073
Diphtheria Immunisation	1,603	1,626	933	1,397	1,915	1,719
" Boosters ...	2,253	2,221	1,963	2,016	1,846	1,800
Whoop. Cough Immunisation	1,088	1,205	566	1,040	1,154	1,117
Boosters ...	668	727	659	347	99	63
Smallpox Vaccination ...	526	587	434	491	341	292
" Re-vaccination	306	440	664	1,082	1,221	1,310
Tetanus Vaccination ...	1,603	1,626	933	1,397	1,915	1,719
" Boosters ...	2,253	2,221	1,963	2,016	1,846	1,800
Measles Vaccination ...		1,890	1,016	510	628	644
Rubella Vaccination ...					1,212	385

B.C.G. Vaccination

B.C.G. vaccination against tuberculosis is available routinely to thirteen year old school children and to contacts of notified cases. This is dealt with more fully in the School section of the Report.

Tetanus Vaccination

Tetanus vaccination is also a direct result of the development of the triple antigen and although it cannot be looked to for the prevention of much illness or many deaths, tetanus, when it does occur, remains a very serious illness with a high mortality rate.

Poliomyelitis Vaccination

The total primarily vaccinated during the year was 1,165 oral (1,164 in 1971). In addition, 2,073 oral reinforcing doses were given (1,542 in 1971).

Oral fourth doses were offered as routine to all children on school entry.

Vaccination against Rubella

Circular 11/70 from the Department of Health recommended vaccination against rubella for all girls between their 11th and 14th birthdays in an endeavour to prevent the incidence of congenital rubella in any infants which they may subsequently have.

This infection when contracted by the foetus in early pregnancy may lead to serious physical , mental, or multiple, permanent defects.

It is hoped that over the years congenital handicaps due to rubella will be greatly reduced if not entirely eliminated. During the year 385 girls received vaccination. The figure of 1,212 immunisations done in 1971 represents three annual age groups compared with only one done in 1972.

I would once again appeal to parents of young children to ensure that they are fully protected against these diseases, either through their own doctor or the clinic services of the Local Health Authority.

Vaccination against Smallpox

	Under 1 yr.	1 yr.	2 - 4 yrs.	5 - 14 yrs.	15 yrs. or over	Total 1972	Total 1971
Vaccinated	11	73	137	69	2	292	341
Re-vaccinated	-	4	12	58	1236	1310	1221

Smallpox vaccination is not now offered as an item of public policy following Department of Health Circular CMO.12/71, it is now only given to children whose parents make a special request and the increase in re-vaccination reflects the increase in foreign travel.

PREVENTION, CARE AND AFTER CARE

Illness Generally

Equipment for the nursing of cases at home is available through the Home Nursing Service or from the central store.

In the course of the year 286 articles were loaned from the central store. These included not only routine indoor nursing equipment, but such aids as wheel chairs, crutches and other walking aids.

The District Nursing Service has at its disposal a laundry service to deal with dirty linen, usually from a household where there is an incontinent patient, where bed linen is in short supply or where facilities for laundering are inadequate. During 1972 there were 5,952 articles laundered, 5,548 in 1971.

Cervical Cytology

The special clinic for cervical cytology continued to operate throughout the year on a weekly basis. In addition, smears were taken from women attending the family planning clinic receiving oral contraception.

During 1972 there were 617 (670 in 1971) patients screened at the cervical cytology clinic, six positive cases being discovered. At the family planning clinic 735 (600 in 1971) cases were dealt with, giving four positive results.

Examinations were also carried out on all new patients attending the gynaecological out-patient department and the post-natal clinic at the Rochdale Infirmary, and 3,739 (2,596 in 1971) women were screened with positive findings in nineteen cases.

A number of general practitioners also offered this service to their patients and 902 (904 in 1971) smears were received at the laboratory from them, nine of which were positive.

At the Health Department clinics, in addition to malignant changes a considerable number of other conditions were discovered by these examinations and appropriate referrals made to the women's general practitioners.

The figure of 617 attenders at the Local Authority clinic includes routine recalls of women who were screened five years ago.

The overall picture remains satisfactory from the point of view of early detection of cancer of the cervix and the incidental discovery of other conditions which should prove amenable to treatment. There remain, however, many women over the age of 25 years who have not yet come forward for examination and I would strongly urge them to do so by applying for an appointment at the Public Health Department, or with their general practitioner if aged 35 years or over.

Family Planning Clinic

Following a Circular received from the Department of Health in 1971, encouraging the expansion of the family planning services, an increase in the number of clinic sessions took place during 1972 with weekly sessions Tuesday afternoons, Wednesday evenings, Friday evenings and alternate Thursday mornings, and the clinic at Rochdale Infirmary on Thursday afternoons for the fitting of I.U.Ds.

In July a domiciliary family planning service was introduced for cases of special need.

This work which fulfils a most important and useful function is undertaken by Drs. M.L. Blair, M.E. Hopkinson and E.M. Purnell.

During the year there was a total of 3,505 (2,890) attendances as follows:—

<u>Family Planning</u>						<u>Borough</u>	<u>County</u>
New cases	...	...	...	...	...	337 (282)	175 (115)
Revisits	...	...	...	...	...	1713 (1559)	817 (766)
						<u>2050 (1841)</u>	<u>992 (881)</u>

I.U.D. — Rochdale Infirmary

Attendances	...	...	...	...	...	300 (126)	163 (4)
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(Figures for 1971 in brackets)

In addition, there were four cases dealt with by domiciliary visiting.

These figures again show an overall increase on the previous year of 615 attendances.

Scrivener Test for Phenylketonuria and other Metabolic Disorders

This test introduced as a routine procedure to be carried out on recently born infants from the 1st April, 1970 continued.

During 1972 there were 1,508 tests carried out and no cases of metabolic disorder were discovered.

For various reasons the total number of tests does not match exactly that of the births for such years because of parental refusals, early deaths and movement into and out of the County Borough.

The object is to detect disorders which could cause mental subnormality or physical handicap at an early stage when, by appropriate treatment, it might be possible to prevent the condition developing.

Home Haemodialysis (Artificial Kidney)

This service was commenced during the year 1969 for the installation of artificial kidney machines in patients' homes, the cost of any necessary adaptations being borne by the Local Authority, and the kidney machine and other technical equipment being provided by the Regional Hospital Board.

During 1972 one such installation was made.

Chiropody

The Chiropody Service, previously the responsibility of the Social Services Department, was taken over by the Health Department on the 1st April. The following figures show the work carried out during the year:—

Persons treated during 1972:

Elderly	960
Handicapped	16
Ronald Gorton Centre	51

Treatments:

Domiciliary (elderly)	1,935
" (handicapped)	44
Surgery (elderly)	2,368
" (handicapped)	51
Ronald Gorton Centre	124

There has been an increase both in the number of persons treated and the total treatments on those for 1971 – 1027 persons in 1972 as against 986 in 1971, and 4522 treatments as against 4482 in 1971.

INFECTIOUS DISEASES

	<u>1972</u>	<u>1971</u>	<u>Average 1966/70</u>
Scarlet Fever	8	9	16
Diphtheria	-	-	-
Tuberculosis – Non-respiratory	17	14	12
Respiratory	26	41	43
Whooping Cough	2	32	20
Measles	273	419	465
Acute Meningitis	8	13	2
Poliomyelitis	-	-	-
Typhoid	-	-	1
Paratyphoid	-	-	-
Dysentery	21	4	12
Infective Jaundice (Notifiable from 15.6.68)	90	18	-
Other diseases	7	11	7

Poliomyelitis

Again there were no cases of poliomyelitis reported during the year.

It is to be hoped that the absence of this crippling disease from the community will not cause complacency amongst parents as regards ensuring that their children are fully protected by immunisation.

Measles

The figure of 273 is a decrease of 146 on that for 1971.

Infective Jaundice

This disease, which has only been notifiable since mid-1968 shows a marked increase in the number of cases. All these notified cases continue to be followed

up by a Public Health Inspector who gives simple advice to patients and relatives on measures designed to prevent the spread of infection. As with many infectious diseases the incidence is subject to periodic variations as the immunity of the population waxes and wanes.

Food Poisoning

The following occurred during the year:—

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES	Total of Cases
	Separate outbreaks	Cases notified or ascertained	Separate outbreaks	Cases notified or ascertained	Notified or ascertained	
S.Typhimurium	—	—	—	—	1	1

Tuberculosis

There were 43 cases notified as against 55 in 1971. The new cases in 1970 totalled 39 and during the five years 1965-9 there was an average of 48 cases notified.

Of the 43 notified cases, 26 were respiratory and 17 non-respiratory.

In addition the Department was notified of 7 respiratory cases which had come to reside in the town after notification elsewhere, 4 of these being immigrants from Pakistan.

Average 5 year periods	NOTIFICATIONS		
	Respiratory	Non-Respiratory	Total
1938 – 42	84	29	113
1943 – 47	71	20	91
1948 – 52	89	15	104
1953 – 57	55	4	59
1958 – 62	31	3	34
1963 – 67	46	8	54
1968 – 72	31	14	45

The following table shows the 43 new cases notified, together with the five deaths resulting from the disease in their various age groups:—

Age Periods	New cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	-	-	-	-	-	-	-	-
1 – 2 years	-	-	-	-	-	-	-	-
3 – 4 years	-	-	-	-	-	-	-	-
5 – 9 years	2	1	-	-	-	-	-	-
10 – 14 years	-	1	2	2	-	-	-	-
15 – 19 years	2	-	1	-	-	-	-	-
20 – 24 years	2	2	1	1	-	-	-	-
25 – 34 years	-	1	3	-	-	-	-	1
35 – 44 years	2	3	2	2	1	-	-	-
45 – 54 years	2	-	1	-	-	-	-	-
55 – 64 years	8	-	1	-	1	-	-	-
65 – 74 years	-	-	1	-	2	-	-	-
75 years and over	-	-	-	-	-	-	-	-
TOTAL	18	8	12	5	4	-	-	1
1971	27	14	5	9	2	1	-	-

The following table sets out the number of deaths and the mortality rates for the year 1963 and onwards:—

Year	Respiratory Tuberculosis		Non-respiratory Tuberculosis	
	Deaths	Rate per 1000 pop.	Deaths	Rate per 1000 pop.
1963	8	0.09	2	0.02
1964	6	0.07	—	—
1965	6	0.07	—	—
1966	4	0.05	—	—
1967	3	0.04	1	0.01
1968	3	0.04	1	0.01
1969	3	0.04	1	0.01
1970	8	0.09	—	—
1971	3	0.03	—	—
1972	4	0.04	1	0.01

The notifications show a decrease of 12 on those for 1971.

As has been found for a number of years, the incidence in persons of Asian origin is much higher than in the indigenous population. During 1972 there were 28 such notifications out of the total of 43, compared with 29 in 1971 and 23 in 1970.

Under the scheme for notifying new immigrants from the Indian Sub-continent to the Consultant Chest Physician, 136 persons were referred and reports had been received on 196 by the 31st December, compared with 293 and 208 during 1970.

Also during the year a total of 228 babies born to Pakistani parents were given B.C.G. vaccinations as were 122 children of school age.

The graph on Page 42 shows the notifications of tuberculosis of the respiratory system expressed as rates per 100,000 population compared with England and Wales, and with the County Boroughs of England.

The following is a summary of known cases of tuberculosis in the Borough at the 31st December, 1972:—

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Total 1971</u>
Respiratory	203	118	321	373
Non-respiratory	32	28	60	61
	<u>235</u>	<u>146</u>	<u>381</u>	<u>434</u>

In 1957 there were 31 cases of open tuberculosis in the community. This number at the end of 1972 stood at 2.

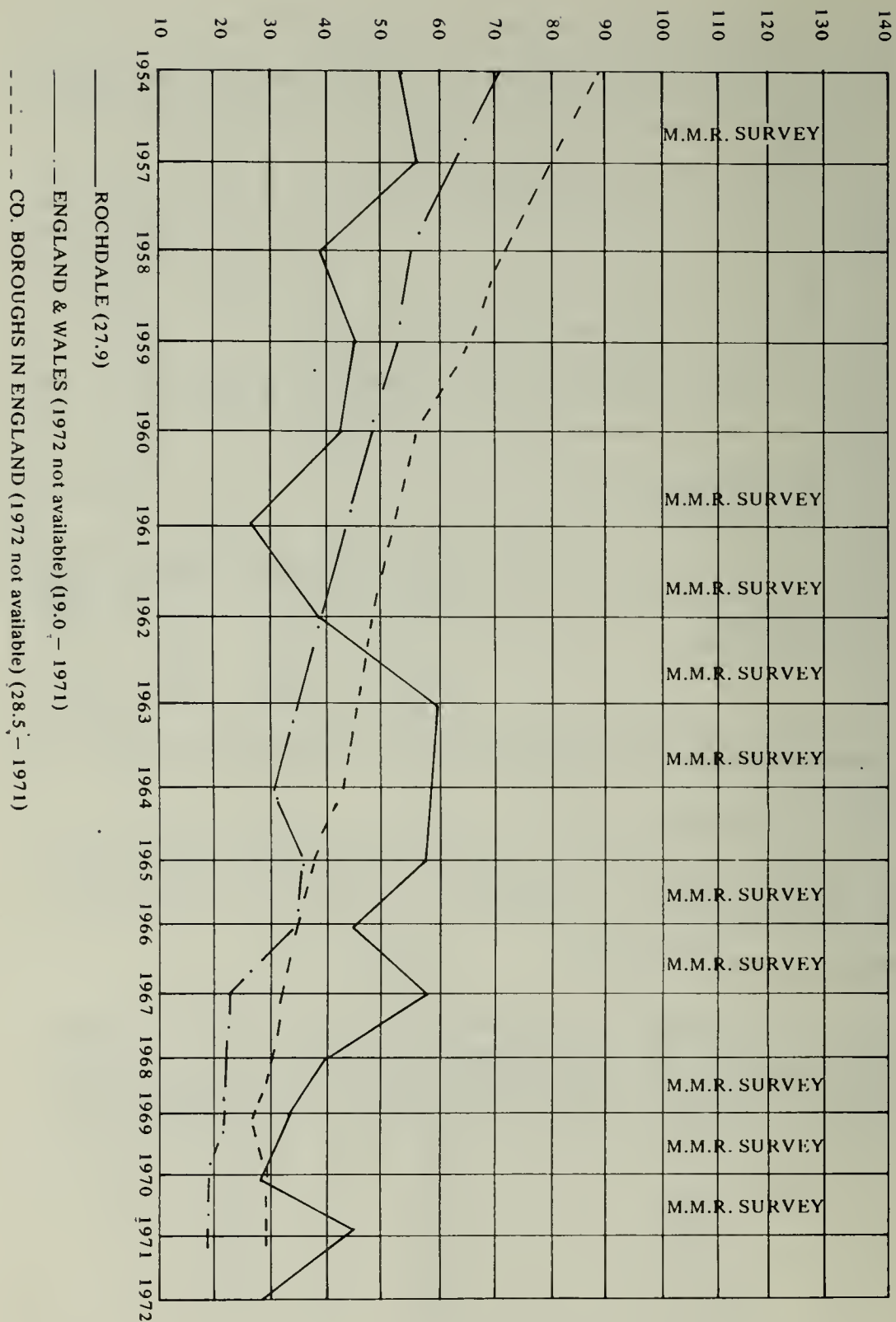
Residential Treatment

During the year 33 (22 male, 11 female) Rochdale patients were at their first examination recommended for hospital treatment. There was no waiting period for any cases before admission.

Mass Radiography

I extend my thanks to Dr. Capper, Medical Director of Mass Radiography Unit 13 B, who at my request held sessions for mass radiography for members of Corporation staffs required to have regular chest x-ray examinations. A total of 734 persons attended only three of whom required further investigation. These three cases will continue to have supervision, if necessary, by the health visitor.

TUBERCULOSIS OF THE RESPIRATORY SYSTEM - NOTIFICATION RATES PER 100,000 POPULATION



Chest Clinic (Dr. W.R. May, Consultant Physician)

The following table shows the work carried out at the Chest Clinic during the year:—

	Adults		Children under .16 yrs.	Total	Total 1971
	M.	F.			
Total Attendances	1962	2245	2405	6612	6518
New Patients examined found:—					
(a) Tuberculous	15	9	5	29	33
(b) Non-Tuberculous	545	578	339	1462	1376
Contacts referred for examinations	155	90	186	431	314
Contacts found to be Tuberculous	1	2	2	5	4
B.C.G. Vaccinations	23	58	403	484	491
Mantoux Tests					
(a) Positive	122	349	465	936	972
(b) Negative	28	85	196	309	322
Treatment recommended (Tuberculous cases only):—					
(a) Hospital	17	8	8	33	29
(b) Domiciliary	-	4	-	4	3
Visits by Nurses (a) Complete ...	-	-	-	828	838
Visits by Nurses (b) Unsuccessful	-	-	-	187	201

CREMATIONS

During the year the Medical Officer of Health continued to act as Medical Referee to the Municipal Crematorium, Dr. R.S. Gibson acted as Deputy and Dr. M. Boldus as additional Medical Referee.

A total of 1,691 certificates authorising cremation was issued by the Department during 1972.

National Assistance Act, 1948 — Section 47:

It was only necessary to make use of this Section once during 1972, to remove an aged female who was in dire need of care and attention.

VENEREAL DISEASES

No material changes have been made in the day-to-day arrangements for the investigation and treatment of venereal diseases during the year. The following are the statistics received from physicians in charge of Treatment Centres dealing with cases from the County Borough of Rochdale:—

					<u>Rochdale Treat- ment Centre</u>	<u>Other Treat- ment Centres</u>	<u>Total</u>	<u>Total 1971</u>
New Cases:—								
(a)	Syphilis	...	...	...	10	1	11	6
(b)	Gonorrhoea		...	...	167	20	187	211
(c)	Other Genital Infections				118	17	135	146
(d)	Other conditions	...		...	203	14	207	187
Totals		...		...	<u>498</u>	<u>52</u>	<u>540</u>	<u>550</u>

Contact tracing in respect of County Borough residents is shown in the following table:—

		Gonorrhoea		Early Inf. Syphilis	
		M.	F.	M.	F.
Contact slips issued to patients	...	59	11	-	-
Contacts attending with contact slips		5	51	-	-
Staff visits made to contacts (including more than one visit to same contact)		1	32	-	-
Patients attending as a result of staff visits		1	25	-	-
Infected contacts		4	33	-	-
Non-infected contacts		1	28	-	-

SANITARY CIRCUMSTANCES OF THE AREA

I am indebted to the Chief Officers of the various Departments of the Corporation for the information included in this section of the Report. also to the Engineer and Manager of the West Pennine Water Board.

Water Supply

A report submitted by Mr. H.W. Elton, F.I.C.E., A.M.I.Struct.E., M.I.W.E., Engineer and Manager to the West Pennine Water Board, together with information concerning samples taken by the Public Health Department, is set out in the manner prescribed by the Department of Health and Social Security.

- (a) Whether the water supply of the area and its several parts has been satisfactory:
 - (i) in quality Yes
 - (ii) in quantity Yes
- (b) The action taken in respect of any form of contamination Use of chlorine, soda ash and coagulants at treatment works.
- (c) The number of dwellings and the number of population supplied from public mains
 - (i) direct to the house — houses ... 34,994
 - population ... 93,010
 - (ii) by means of stand pipe Nil
- (d) Fluoride content *less than 0.33 p.p.m.

* the average fluoride content derived from 41 detailed analyses supplied by the Board is 0.24 p.p.m.

Samples of water examined for plumbo-solvency

Source of Supply	Result		Total
	Satisfactory	Unsatisfactory	
Samples taken by Water Board	138	3	141 (101)
Samples taken by Public Health Department ...	22	-	22 (31)
	160	3	163 (132)

(Figures in brackets refer to 1971)

Bacteriological Sampling

Source of Supply	Result		Total
	Satisfactory	Unsatisfactory	
Samples taken by Water Board	510	8	518 (297)
Samples taken by Public Health Department ...	114	7	121 (142)
	624	15	639 (439)

(Figures in brackets refer to 1971)

The unsatisfactory samples obtained by the Department were referred to the Water Board for appropriate action and follow up samples were taken.

In addition to the samples reported above, the Department had three unsatisfactory samples from two private supplies. In these cases the consumers were immediately warned to boil all drinking water and water used for the washing of crockery and for the preparation of foodstuffs.

The recommendation which I made in 1966 for the modernisation of the filtration and chlorination plants at two reservoirs are now being implemented and the construction of these is expected to be completed in 1974.

Fluoridation of Water Supplies

The Engineer and Manager of the Water Board reports that 41 samples of water were examined during the year to determine the amount of fluoride, all were below the optimum for the prevention of dental decay. The policy of the Corporation regarding fluoridation of the public water supply had not been implemented by the Water Board at the end of the year.

Radioactivity

The Engineer and Manager of the Water Board reports that 10 samples of water were examined during the year to determine the amount of radioactivity, with satisfactory results.

Sewerage and Sewage Disposal

The Roch Mills Water Pollution Control Works is at the present time grossly overloaded, but the plant is being operated to give the maximum possible treatment to as much of the incoming flow as possible. During the year additional small volumes of trade effluent have been accepted into the sewers and there has been an increase in the volume of some of the larger discharges of trade effluent. The Littleborough connecting sewer has been completed and this will eventually allow all the domestic sewage and trade effluent from the Littleborough area to be conveyed to Roch Mills for treatment when the extensions have reached a stage to allow adequate treatment to be given. At the present time the sewer is being used to convey to Roch Mills surplus sewage from the Littleborough area which previously discharged to the River Roch after receiving only partial treatment. Additional volumes of trade effluent are expected to be accepted for treatment at

Roch Mills in the near future and this should have the effect of further improving the condition of the River Roch above Roch Mills Works.

Extensions to Roch Mills Works to enable it to produce a high quality effluent are being designed by an engineering section under the direction of the Borough Engineer and Surveyor. The diversion of the River Roch and the relaying of the lower section of the Norden Sewer have been completed and work is well advanced on the construction of the activated sludge plant and final sedimentation tanks.

Sewage from the Castleton area is at present being adequately treated at Trub Works.

R.L. BOLTON, A.M.C.T., L.R.I.C., F.Inst.W.P.C.(Dip.),
F.I.P.H.E., F.R.S.H.
General Manager, Water Pollution Control Department.

Meteorological Notes

This summary of the features of the year, as recorded at the Meteorological Station, Roch Mills Sewage Works, is included by courtesy of the General Manager, Water Pollution Control Department.

Year					Mean Temperature Deg. F.	Total Rainfall Inches	Sunshine		
							Total Hrs.	Daily Average	
1968 ...	...	...	...	...	48	53.07	1090.8	2.9	
1969 ...	...	...	...	...	47	42.00	1216.5	3.3	
1970 ...	...	...	...	...	48	49.52	1312.5	3.5	
1971 ...	...	...	...	...	48	35.13	1222.0	3.4	
1972 ...	...	...	...	...	47	43.17	1133.3	3.0	
Mean of the five years 1968/72 ...					...	48	44.57	1195.0	3.2

The mean temperature for 1972 was slightly lower than the average mean temperature for the last five years, as was the total rainfall. The total hours sunshine also was much lower than the average of the total hours sunshine for that period.

The total rainfall was 1096.3mm. and the wettest month of the year was November with 175.1mm. June came second with 132.8mm. The highest rainfall in any one day was recorded on the 12th November with 33.3mm.

September was the driest month with eight rainy days and six wet days, producing 34.7mm. of rain.

The highest temperature was 27.0°C. recorded in July, whilst the lowest temperature of -9.2°C. was recorded in January.

July again had the largest amount of sunshine with 176.7 hours for the month, whilst January had the lowest with 24.4 hours of sunshine.

The ground was bare and frozen on 14 days during the year, but there was ice or snow covering on 7 days in comparison with 16 and 7 respectively in 1971.

Fog occurred on 3 days in December when visibility was less than 235 yards.

Public Cleansing

Due to the increase in house building in the Borough it became necessary to increase the number of refuse collection rounds from 12 to 13. The re-balancing of all the rounds was undertaken during the year with the aid of the Work Study Section.

The policy of replacing the 20 cubic yards compression vehicles by 50 cubic yards capacity machines continued. The number of dustbins supplied under the Corporation's scheme for the provision of dustbins as a charge against the rate was 5,358.

Work on the removal and disposal of abandoned cars continued and 91 vehicles were dealt with during the year.

The new refuse incinerator is now under construction and it is expected to be in operation by November, 1973.

The incinerator is of the continuous grate type and is capable of burning eight tons of household and combustible trade refuse per hour. It is anticipated that initially the plant will work a two shift 16-hour day for five days per week, but sufficient hopper capacity has been included for the plant to be capable of a three shift 24-hour day for seven days per week. The exhaust gases from the incinerator will be cleaned by electrostatic precipitation and cooling will be by water extracted from the adjoining River Roch.

A reorganisation of the Street Cleansing Section has taken place. In the four main areas of the town the individual street sweepers have been replaced by four gangs. Each gang consists of a driver and four street sweepers, and four electric side-loading vehicles have been bought to transport the men to the sweeping areas and to carry the street sweepings to the disposal point.

Mechanical vacuum sweeper collectors are also used to pick up debris and litter from the channels of main roads and estate roads. Individual street sweepers are used in the main shopping areas and on certain estates in the town.

R.C. BIDDULPH, M.Inst.P.C.,
Director of Cleansing and Transport.

Swimming Baths

Entwisle Road – opened May, 1937. Consists of two swimming pools 100 ft. x 36 ft. and 75 ft. x 30 ft., holding respectively 120,000 gallons and 76,000 gallons of water. A 'learner' pool 50 ft. x 20 ft. was constructed in 1971. This has a uniform depth of 2 ft. 10 ins. and a water temperature of 84° to 86°F.

The swimming pools have dressing accommodation suitable for mixed bathing, with separate cubicles and lockers for clothes storage. All bathers have to pass through a pre-cleansing room with hot and cold showers, and foot baths, on the way to the pool.

The filtration plant consists of four 10 ft. diameter pressure type sand filters, which are capable of allowing the whole of the water in the two pools to be filtered every three hours. After passing through the filters the water is heated and then treated with chlorine to ensure it is bacteriologically pure. The source of water is the Watergrove Reservoir. The learner pool has a separate filtration, heating and chlorination plant.

Turkish and vapour baths are provided. The turkish suite comprises three hot rooms with air temperatures of 200°, 170° and 140° respectively, together with a shampoo room with massage slab, Vichy douche, shower and spray equipment. A well appointed rest or cooling room, with beds and separate cubicles is provided.

There are 17 slipper baths for men and 8 slipper baths for women.

Castleton – opened May, 1910. Consists of a swimming pool 75 ft. x 20 ft., containing 65,000 gallons of water. There are four slipper baths for women and two hot showers for men.

The arrangements for filtration and chlorination treatment are similar to those at the Entwisle Road baths.

Tests for chlorine residual and the pH value are made three times per day in all pools. The chlorine residual is maintained at approximately 1.00 ppm. and the pH value is between 7.4 and 7.6

In view of the fact that strict attention is paid to the maintenance of adequate chlorine residuals in the water, bacteriological tests have not been made since 1940.

E. BURY, M.Inst.B.M.,
Baths Manager.

To: Medical Officer of Health

Sir,

I am pleased to submit this my first Annual Report on the environmental health work undertaken by the Public Health Inspector's Section of the Department of Public Health for 1972.

There have been staff changes in the section, my predecessor reaching his retirement, and a student who qualified in June was promptly engaged by another Authority on a very much higher salary scale. A District Public Health Inspector retired due to ill health in April, and another district inspector has been appointed to a deputy post in Whitworth and has submitted his resignation, consequently for much of the year the section was 20 per cent below strength. A student public health inspector and a graduate trainee were appointed.

Despite this the section continued in an excellent manner, priorities and programmes having to be met and given precedence over other duties. The programmes which were set were met both efficiently and effectively.

The re-structuring of the section was achieved during the latter part of the year resulting in two further posts being re-designated as senior positions, Mr. Symons, the Senior District Inspector had previously been re-designated Deputy Chief Public Health Inspector and Mr. Gartside had had his post re-designated from Smoke Inspector to Senior Inspector, thus enabling the whole staff to undertake all duties whilst still retaining the specialist skills of the senior inspectors.

The support staff who perform such an important role in the section was increased by the appointment of a clerk, a post which had remained vacant from 1970.

Preparations for Local Government reorganisation commenced and has progressed steadily during the year, the earlier period involved much research and preparation of statistics for various working parties to assimilate into composite reports.

Mid-way through the year, the realignment of boundaries occurred which necessitated the formation of new working parties and the revision of statistical information which had been collected.

Details of the involvement of the inspectorial staff in the Department's duties are contained in the following pages, but it would not be amiss to comment here on some of the achievements and results in general.

The section met the housing programme required by the Council, a total of 471 being included in Clearance Areas and 13 represented as Individual Unfit properties.

The improvement of houses involved the inspectors much more in the latter part of the year when firstly an Improvements Advisory Officer was appointed, secondly in close co-operation with the Borough Architect's Department a successful Home Improvement Exhibition was held, and thirdly by undertaking the responsibility for all matters following applications to ensure a satisfactory improvement at

a reasonable cost. After joint discussions between owner, contractor and public health inspector, the work is costed and the papers then passed to the Borough Architect for his final attention.

Measurement of smoke and sulphur dioxide continued throughout the year and although a reduction is recorded the total picture is still not satisfactory. The confirmation of the Mayfield and Halifax Road Smoke Control Order is eagerly awaited and a few industrial premises present problems, but, in general, management accept their responsibility and maintain a good record of progress.

Once again 100 per cent meat inspection was achieved at the slaughterhouse and the container traffic arriving in the borough was controlled.

Sampling of a wide range of consumable food was achieved and, coupled with the inspection of other foodstuffs, indicates the very real and effective function of the staff in these matters. Water supplies at domestic premises were also regularly sampled.

Noise complaints continued to be received in the department which necessitate night visits. Much more research into this problem must be entered into and it is hoped that the proposed new legislation will enable more stringent requirements to be demanded, particularly at the time development plans are scrutinised prior to approval being given.

It is pleasing to note that a lot of interest is shown in the work of the department as is indicated by the many organisations requesting talks on all aspects of environmental health. Acceptance of these invitations together with attendance at the more business-like tenants and residents meetings throughout the borough assist in promoting public relations between the residents and members of this department.

I wish to acknowledge my sincere thanks to you, sir, and the members of the staff without whose co-operation and support throughout the year this satisfactory report would not have been possible.

Yours faithfully,

H.E. PEAPER,
Chief Public Health Inspector

PUBLIC HEALTH INSPECTION OF THE AREA

Most of the nuisances and defects discovered following complaints were dealt with by informal means i.e. by the issue of preliminary notices, which are in fact letters drawing attention to defects and suggesting remedies. During the year 420 such informal or preliminary notices were issued (440 in 1971). The Committee authorised the service of 55 Abatement or Statutory Notices to secure the abatement of nuisances and the remedy of sanitary defects in and around dwellings (37 in 1971). In all these cases the informal procedure previously referred to had failed to secure a suitable remedy. During the year work in default of the owners had to be carried out on one occasion, three houses were affected and reimbursement was subsequently demanded. In one case a Nuisance Order was obtained but no fine was imposed. In a case taken under the Civic Amenities Act the defendant was found guilty but given an absolute discharge.

The closer control of intestinal infections established in 1964 continued during the year, 136 samples of faeces and urine were taken compared with 271 obtained and submitted for examination during 1971.

The department continued to receive a relatively large number of complaints concerning the presence of foreign bodies in food. Of 62 complaints concerning foodstuffs 24 related to foreign bodies. All these complaints were fully investigated despite the fact that many of the complaints were of a trivial nature.

NATURE OF NUISANCES DEALT WITH

HOUSING:

Verminous premises disinfected	...	...	...	...	...	...	...	65
Dirty houses cleaned	...	...	...	...	...	...	...	6
Repairs to roofs, floors, walls, eavestroughings, rainwater pipes, chimneys and general repairs to brickwork and stone-work (including dampness) and repairs to house fittings	...	...	...	...	...	...	...	455
Inadequate or defective service water pipes	...	...	...	...	...	...	...	17

YARDS, PASSAGES, ETC.:

Repairs to yard surfaces, gates, walls, etc.	...	...	...	...	...	...	...	16
Offensive accumulations and stagnant water removed	...	...	...	...	...	...	...	77

SANITARY CONVENIENCES:

Closet buildings repaired	...	...	...	...	...	...	...	30
Closet fittings repaired	...	...	...	...	...	...	...	43

DRAINS:

Main or branch drains repaired or cleansed	...	...	...	...	...	...	...	81
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GENERAL:

Absence of or unsatisfactory condition of sanitary accommodation at factories	...	...	...	...	...	...	...	4
Miscellaneous nuisances remedied	...	...	...	...	...	...	...	24

Work in default on 1 occasion involving 3 houses

Noise Nuisance

During the year the Department received 27 complaints of alleged noise nuisance:

Barking dogs	1
Noisy machinery	3
Noise from clubs and public houses	5
Noise from pneumatic drills and compressors'	6
Noise from building construction	1
Noise from vehicles	4
Noise from electricity sub-station	1
Noise from industrial sewing machines	6

The above complaints which show a considerable variation of source of noise indicate the increasing awareness of the public who are not prepared to tolerate the intrusion of noise into their homes. No doubt having suffered enough during their working day, whether at their place of employment, or during their journey to and from work.

It needs only a person to stand at any point on the main traffic routes to appreciate the intensity of sound which originates from the vehicles constantly pounding their weights on the concrete road foundations. These sound waves travel over many yards not losing any of their intensity until a residential property stands in the way, the occupiers then getting the full force. There is a tendency for this to be accepted as a cost of the present form of transport in this country. Therefore, the planning of further traffic routes needs a corporate approach by officials from a number of departments. It is also necessary for the public health inspectors to join with the town planners to ensure that the siting of industry from which noise is likely to be emitted is such that residential areas will not have to suffer undue inconvenience and nuisance. Furthermore owners of some places of entertainment, which are multiplying considerably in this borough, have cause to be ashamed of the tremendous irritation that they are causing to nearby residents and in particular to the eardrums of their own customers when 'Pop Groups' with fantastically high output amplifiers are engaged. It appears quite evident that these groups can only operate at a very high intensity reading, and, therefore, it is essential that consideration must be given in future applications for music licences that a requirement be included to limit the output of all amplifiers. There are other reasons for noise complaints arising from the inconsiderate action of some people such as the use of pneumatic drills, the loading and unloading of metal, the uncontrolled barking of dogs, early morning deliveries and so on without due care for residents in all these cases leads to a very disgruntled section of the population.

Research into the causes, effects and remedies of noise nuisances must be undertaken, if only to bring home to the general public their own responsibilities in these matters.

HOUSING

A total of nine Clearance Areas containing 471 houses occupied by 418 families with a population of 1,230 were represented during the year as being unfit for human habitation. A further 13 houses were represented as being individually unfit. Details of the clearance areas are shown on the following table.

Clearance Areas

Clearance Area	Date Represented	No. of houses	No. of families	Population
Neville Place	14. 2.72	6	1	1
Landseer Street	17. 7.72	58	44	146
Dixon Street	9.10.72	16	14	24
Macmillan Street ...	20.11.72	61	58	274
Norwich Street	20.11.72	45	37	123
Dean	20.11.72	37	37	81
Crawford Street	27.12.72	202	184	442
Ellesmere Street	27.12.72	21	18	76
Tudor Street	27.12.72	25	25	63

Clearance Areas Previously Submitted not yet Confirmed

Clearance Area	Date Represented	Remarks
Cinnamon Street	12.10.70	To be re-submitted and will be included in future Clearance Area
Church Street	12.10.70	To be re-submitted and will be included in future Clearance Area
Vavasour Street	23.11.70	Confirmed 24.1.72
Shamrock Place	1968	Acquired by Local Authority December 1972

Housing Act 1969 – Improvement Areas

The committees of residents in various improvement areas met regularly during the year. These committees are intended to promote and foster public interest and participation in improvement schemes. The demolition of the unfit houses within improvement areas commenced during the year and it is now possible to commence the re-habilitation of those parts of the areas from which the houses have been removed. It is to be hoped that the evidence of progress which this signifies, together with the environmental improvements intended for the rest of the area, will stress the responsibility of those concerned for improving and repairing those houses which are to remain in being.

The Council has appointed an Improvements Advisory Officer whose sole duties will be directed specifically to encouraging such improvements; in the course of his duties he will explain the help, financial and otherwise, which the Council and its officers can offer.

Houses in Multiple Occupation

Thirty-nine visits were made involving 216 lettings of houses in multiple occupation. Some of these were made in the latter half of December and resulted in excessive overcrowding being discovered and further visits and action is proceeding.

Applications for Corporation Houses

Forty applications for Corporation houses were referred to the section on the ground that the present houses were detrimental to health. Each of these applications was the subject of special consideration and a recommendation as to procedure.

Rent Act, 1957

There was no demand during the year for action under the Rent Act, 1957.

Improvement of Privately Owned Houses

Following upon the reorganisation of the method of administering improvement grants, the department undertook the responsibility of dealing with all applications up to and including the costing of works proposed, and the proportioning of grant aid. Resulting from this 192 Standard Grants and 383 Discretionary Grants were dealt with. A total of 1,955 visits were made in respect of enquiries and applications.

Enquiries Concerning Properties

The department provides information to persons making enquiries about the future of properties that they may be interested in and also whether any application for an improvement grant would receive favourable consideration. During the year 632 enquiries relating to the future of properties were answered and opinions were expressed on 176 enquiries relating to improvement grants.

The Town Clerk's Department made 3,318 enquiries under the Land Charges Act (3,140 in 1971). These enquiries require a search to be made for any outstanding notices, and an indication as to whether the property is subject to Housing Act procedure within the declared programme also whether the property is affected by an operative or confirmed but not operative smoke control order. In connection with the Small Dwellings Acquisition Acts, 674 enquiries were answered concerning life of various properties.

Closet Accommodation

During the year seven pail closets were removed. There are now some 124 pail closets remaining, chiefly because of the technical difficulty to convert or that extensions to the existing sewerage schemes are awaited. There also exist within the Borough 168 waste water closets.

Common Lodging Houses

There were two Common Lodging Houses registered at the beginning of the year. At the end of this period, when licences had to be renewed, the Keeper and Deputy Keeper of one of these houses decided to retire, with the result that this common lodging house was closed, leaving a modern hostel providing accommodation for 140 men remaining in the Borough. During the year 21 visits were made to these premises.

Caravans

There are two caravan sites in the Borough, one at Spring Hill is owned by the Council and the other is a privately owned site containing six caravans.

Public health inspectors made 19 visits in connection with caravans on unlicensed sites (52 in 1971). The duty of dealing with such caravans is now the responsibility of an enforcement officer in the Borough Engineer and Surveyor's Department. The unauthorised presence of caravans on unlicensed sites continued to present a problem to the Council and its officers. These sites are always without any form of sanitation whatsoever and, inevitably, nuisance and annoyance is caused to residents in nearby houses.

Qualification Certificates – Housing Finance Act, 1972

The issue of Qualification Certificates under the Housing Finance Act, 1972, is now a function of the department. Certificates are required by owners who wish to have a fair rent assessed by the Rent Officer. The fair rent can be assessed only if the house possesses the standard amenities prescribed by the Housing Acts and if also it is in good repair and condition having regard to the age, character and locality of the property. Any house, therefore, which is the subject of an application for such a certificate must be given a very careful inspection and the result of that inspection is supplied to the applicant before the matter is considered by the Estates Committee. The object of this is to enable him to put the house into good repair if repair is needed. This work required 96 visits during the year.

At the beginning of the year six applications for qualification certificates were outstanding and during the year 37 applications were received. Of these 37 applications, 5 were refused because of disrepair or because the standard amenities did not exist. Seven certificates were granted, 2 were not valid applications, 15 were not proceeded with by the owners and 8 were still under consideration at the end of the year.

SMOKE ABATEMENT

Industry

During the year 79 smoke observations were undertaken. As a result it was necessary in 5 cases to institute legal proceedings for breaches of the Clean Air Act, 1968. In two of the cases fines of £25 were imposed in each and the offenders ordered to pay £5 costs. In another case a fine of £5 was imposed and the offender had to pay £3 costs. In a further case a fine of £5 was imposed and in the remaining case the defendant was found guilty but was given an absolute discharge.

In connection with industrial fuel plants 57 survey visits were made and advice offered in appropriate cases.

Prior Approval of New Furnaces

Seven applications were made for 'prior approval' of new boiler plants, apparatus or chimney heights. In all cases the plans and specifications justified the granting of 'prior approval' under Section 3 of the Clean Air Act, 1956, and in each case the Council approved the application. In some cases the department had to

suggest modification of the plans; these modifications were usually directed to securing increased chimney height. Investigation of these applications requires considerable technical knowledge but once again the officers of the department were able to deal with the work and it was not necessary to seek consultative advice during the year.

Smoke Control Areas

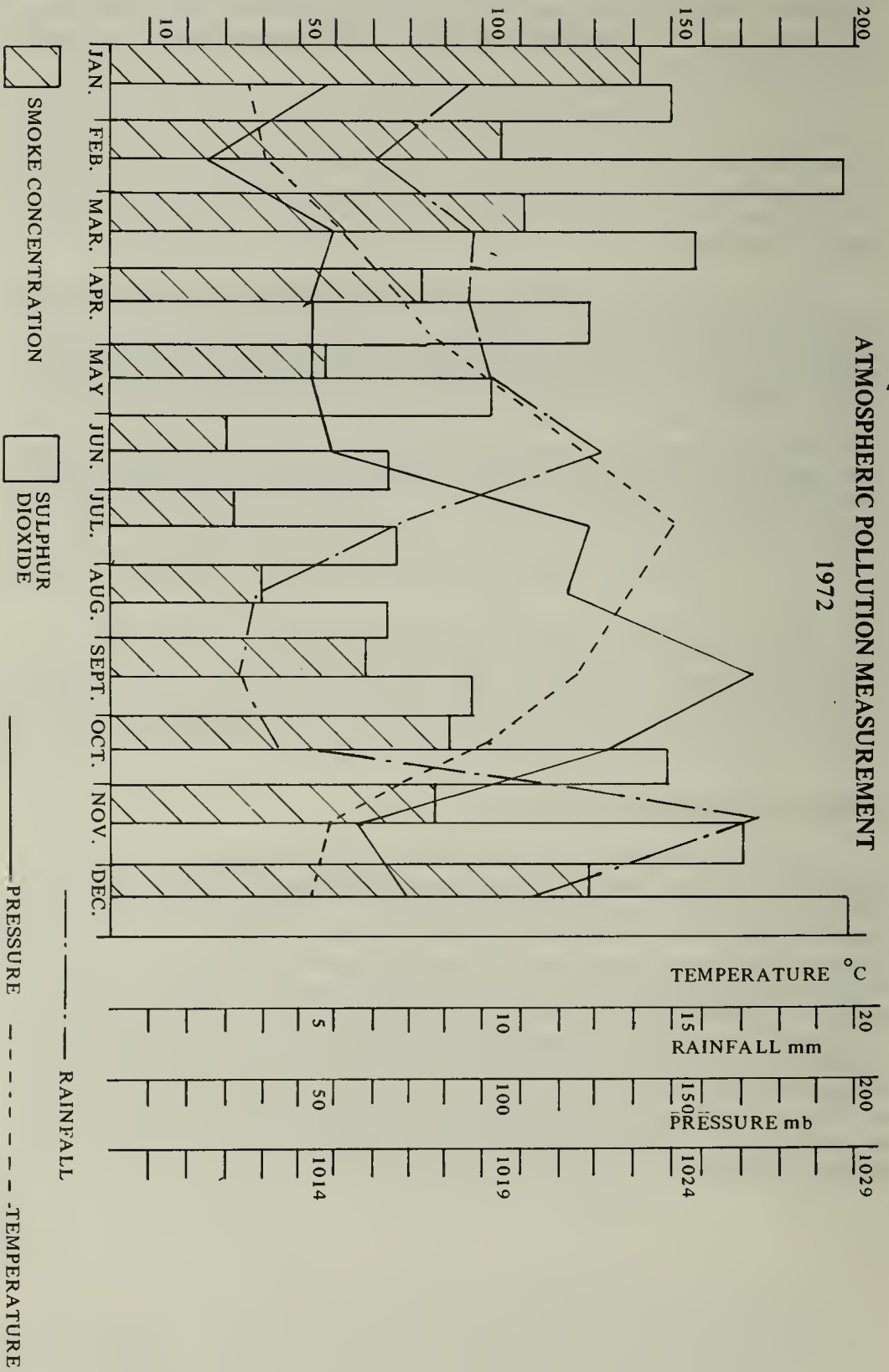
The re-introduction of progressive smoke control orders in the Borough commenced and the Mayfield and Halifax Road Smoke Control Order 1972 was made and submitted to the Department for the Environment for confirmation. The preliminary survey of the Townhead and Whitworth Road Smoke Control Area is almost complete.

The public appreciate the benefits of smoke control and it is hoped that there will be no further delays and that the whole of the Borough becomes smoke controlled at the earliest date possible.

Investigation of Atmospheric Pollution

Two sets of volumetric apparatus for the estimation of smoke and sulphur dioxide were operated during the year — one at the Townhead Offices and one in Falinge Park. I would again express the thanks of the department to the Parks Committee and to the Social Services Committee for the facilities which have been afforded. The accompanying graph indicates the readings of smoke and sulphur dioxide from the samples obtained. Although these amounts are less than previous years, it is my desire that a constant maximum of 50 microgrammes of smoke and 75 microgrammes of sulphur dioxide be maintained. This will unfortunately not be attained during the final year's life of Rochdale County Borough, but it is my earnest wish that the new authority should embark on a programme of effective and complete smoke control, together with a research programme designed to trace the causes of air pollution in all its forms and further action to reduce it to an acceptable level.

MICROGRAMS / Cu. METRE



INSPECTION AND SUPERVISION OF FOOD AND OF FOOD PREMISES

Milk Distribution

Under the Milk (Special Designation) Regulations, 1963, the local authority has the duty of controlling the distribution of milk, and control also the use of various special designations.

For these purposes licences and registrations were issued as follows:

Premises used as dairies	...	...	...	...	...	...	...	...	5
Persons licensed as distributors of milk	...	...	...	...	...	...	...	...	243
Dealers licences to sell Pasteurised Milk, Sterilised Milk, Untreated Milk and Ultra-Heat Treated Milk	...	...	...	...	...	...	...	...	252

Cleanliness and Keeping Quality of the Milk Supplied

Twenty samples of milk were subjected to the methylene blue test to determine cleanliness and keeping quality; 17 were satisfactory and 3 were unsatisfactory; appropriate action was taken to deal with the unsatisfactory samples.

Fourteen samples were examined by the phosphatase test to check the adequacy of heat treatment; 13 were satisfactory, one was unsatisfactory. Four samples of sterilised milk were subjected to the turbidity test; all were satisfactory.

No samples were examined for the presence of tuberculous infection due to an outbreak of salmonella infection in the animal house. Three samples of Ultra-Heat Treated milk were examined, all were satisfactory.

Brucellosis

During 1972, 160 group samples were taken at farms. All proved negative.

- 2 farms were group sampled on 5 occasions during the year
- 8 farms were group sampled on 4 occasions during the year
- 2 farms were group sampled on 3 occasions during the year
- 5 farms were group sampled on 2 occasions during the year
- 2 samples were taken from cows at the request of farmers.

Both proved negative.

- 5 samples were taken during course of delivery in the streets of the town; two of these samples — both from 'out of Borough' farms — were positive; the matter was referred to the appropriate local authority for action.

The sampling programme would appear to disclose a satisfactory state of affairs in this field and once again the public is indebted to the farmers concerned for the helpful attitude which they always display in connection with the department's attempts to deal with the problem of Brucellosis. The extension of this public spirit is increasingly in evidence as is indicated by the number of farmers who are now seeking admission to the Government's scheme for the registration of accredited herds.

Meat and Food Supply

The following Table gives a detailed report on the examination of carcasses inspected at the slaughterhouse.

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs
Number killed	1,051	2,177	121	13,849	4,253
Number inspected	1,051	2,177	121	13,849	4,253
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS					
Whole carcasses condemned	2	52	16	112	63
Carcasses of which some part or organ was condemned	123	1,243	4	1,680	87
Percentage of the number in- spected affected with disease other than Tuberculosis	8.27%	59.35%	16.53%	12.95%	3.53%
TUBERCULOSIS ONLY					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	—
Percentage of the number in- spected affected with Tuberculosis	—	—	—	—	—
CYSTICERCOSIS ONLY					
Carcasses of which some part or. organ was condemned	2	1	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—
Generalisation and totally condemned	—	—	—	—	—

These percentages of affected carcasses may be looked upon as an index of the vigilance of our inspectors.

There has been regular inspection of meat, and over 31 tons were condemned as unfit for human consumption and were disposed of for salvage purposes; this work involved 909 visits to the slaughterhouse during the year.

The Food Inspectors during the year condemned over 6 tons of foodstuffs other than the amount resulting from inspections at the slaughterhouse. The greater part consisted of canned food, but many other foodstuffs were involved as shown by the following table.

Description						Total Condemned (lbs.)
Tinned meats	...	...	...	...	...	6,448
Miscellaneous tins	...	...	...	...	...	2,512
Canteen meat	...	...	...	...	...	589
Frozen foods	...	...	...	...	...	2,086
Imported meat and offal	...	...	...	...	...	324
Bacon	...	...	...	...	...	1,141
Meat pies	...	...	...	...	...	312
Cheese	...	...	...	...	...	104
Poultry	...	...	...	...	...	920
Groceries	...	...	...	...	...	332
Mangoes	...	...	...	...	...	3

In all a total of some 37 tons of food was condemned by the department during 1972.

Slaughterhouse

There is one private slaughterhouse in Rochdale, it is occupied by a firm of private butchers.

The total kill of cattle, sheep and calves over the year was slightly higher than in 1971 and the total kill of pigs was more than doubled due to the installation of modern de-hairing equipment which eases and speeds up the work.

During the year a deep freeze housing some 2,000 cubic feet was built and brought into use.

The alterations to the slaughterhouse in 1971 have greatly facilitated the work of the slaughterhouse both from the owner's and the local authority's point of view and further improvement at the slaughterhouse is the subject of talks with the owner. These include a new men's mess room, demolition of some unsightly buildings, complete paving of the whole area, new lairage and re-arrangement of existing lairage, and vehicle bays for parking.

The carcasses of all animals killed in the local slaughterhouse are inspected by officers of the department and if they are fit for human consumption the carcasses are stamped as required by the Meat Inspection Regulations. This duty involves the meat inspectors working every Saturday and occasionally on public holidays. The income from these inspections was £1,352.70.

Knacker's Yard

The knacker's yard continued to operate under licence during the year; 88 visits of inspection were paid to the premises (94 during 1971).

Both the slaughterhouse and the knacker's yard are the subject of careful inspection by the Meat and Foods Inspector and by other public health inspectors who periodically attend them. They are also subject to inspection by the Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. Only minor infringements of regulations were observed during the year and these were corrected immediately.

During the year a modern oil fired steam raising plant was installed in order to facilitate the requirements of the Sterilization (Heat Treatment) Regulations which require that all meat from a knacker's yard shall be sterilized by boiling before sale to the public for animal feeding.

Imported Meat and Other Foodstuffs – Container Traffic

With the growth of container traffic it is no longer possible for the port health authorities to carry out inspection of imported foodstuffs to the extent which was once the practice. Port health authorities nowadays notify local authorities of the departure of containers from the port and it has become the duty of the local authority to inspect the contents of the containers on arrival at their destination. During the year 40 such notifications were received and were given attention. It is quite usual for container vehicles to arrive in the very early hours of the morning and sometimes they off-load a part of their contents before proceeding elsewhere; this has presented difficulties in practice but means have to be found to overcome them.

The goods being carried by this means are becoming extremely diverse and range from oranges from Israel, onions and grapes from North Africa to the usual tinned goods and fresh meats from Ireland.

Manufacture and Sale of Ice Cream

Seven premises were newly registered during the year making a total of 568 premises registered for the sale and storage of ice cream. In almost all cases the ice cream sold is wrapped or in containers as received from the wholesalers or manufacturers.

Ten samples of ice cream were taken, 5 were Grade I, 2 were Grade II and 3 were Grade III.

Two premises are registered for the manufacture of ice cream. In both cases a cold mix process is used.

It was necessary to report to Committee that an application was received in respect of a proposal to sell ice cream from a shop which was inadequately prepared for this purpose, both by the construction and facilities of the premises and also the lack of practise of hygiene by the occupier of the business. It becomes increasingly apparent that some businesses increase the volume of trade far in excess of the original anticipation and as a consequence food hygiene standards fall and this must be guarded against at all times by the public health inspectors.

Food and Drugs Act, 1955

During the year 172 samples (9 formal and 163 informal) were analysed or otherwise examined by the Public Analyst. There were 36 samples of milk and the remaining 136 samples consisted of 51 different foodstuffs.

There were 63 samples of foodstuffs dealt with as being substandard or because of the presence of foreign bodies or because of an alleged unsatisfactory condition. In 23 of these cases the food was examined by the Public Analyst but in the remaining cases it was not necessary to seek his opinion. Eight cases were reported to the Health Committee; in 4 cases the Committee instructed the Town Clerk to send letters of warning to the firm or persons concerned, one case was referred to the Town Clerk and the Committee decided to take no action in the

other 3 cases. In the remaining cases the complaints were of such a trivial nature that the public health inspectors dealt with them – in many cases securing recompense for the complainant or the replacement of the goods which were the subject of complaint.

Food Preparing Premises – Food Hygiene (General) Regulations, 1960

The inspection of food premises continued during the year and 2,665 visits were made (2,358 in 1971). Written notices were sent dealing with the following types of defects and faults.

<u>Reg.</u>									
6	Unsuitable Premises	...	...	...	...	...	...	...	2
7	Dirty equipment	...	...	...	...	...	...	...	8
9	Foodstuff not repacked from risk of contamination	...	...						11
10	Personal cleanliness, spitting or smoking etc.	...	...						2
11	Persons handling open food, not wearing overclothing etc.	...							2
16	Unsuitable sanitary accommodation	...	...	...	...				4
18	Absence of wash hand basin	...	...	...	...	...	...		6
	Absence of hot water supply	...	...	...	...	...	...		6
	Absence of soap, nail brush, towel	...	...	...	...	...	...		8
20	Absence of accommodation for outdoor clothing	...	...						1
21	Inadequate facilities for washing food/equipment	...	...						2
23	Inadequate ventilation of food rooms	...	...	...	...				1
24	Food room not to be used for sleeping	...	...	...	...				1
25	Cleanliness and repair of food rooms	...	...	...	...	...	...		28
26	Accumulations of refuse or inadequate storage of refuse	...							1
	Food Hygiene (Markets, stalls and Delivery Vehicles)								
	Regulations 1966	...	...	...	...	...	...		21
									<u>104</u>

The table does not necessarily indicate the conditions found in food premises by the inspectors on their visits. Such calls provide an opportunity for discussion and education to take place. So often do the staff move in the retail food trade that adequate training is not given to the new employees by the management to ensure high standards of hygiene, therefore it becomes necessary for the inspectors to promote these matters on the spot.

Rochdale Corporation Act, 1937

This Act deals with the registration of premises used for the sale of ice cream or for the preparation of cooked meat and fish. Reference has been made in a previous paragraph to premises at which ice cream is prepared or sold. The number of premises registered for the cooking of meat and fish is as follows:–

Fish friers	...	...	...	...	...	...	...	...	60
Meat preparing premises	...	...	...	...	...	...	...	...	51
Cafes, restaurants, canteens, kitchens, etc.	...	...	...	...	...	...	...	...	103
Visits of inspection made to these premises during the year	...	...							421

Prevention of Damage by Pests Act, 1949

	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	43,249	68
2. (a) total number of properties (including nearby premises) inspected following notification ...	2,749	6
(b) number infested by		
(i) rats	770	4
(ii) mice	1,498	2
3. (a) total number of properties inspected for rats and/or mice for reasons other than notification	714	17
(b) number infested by		
(i) rats	174	2
(ii) mice	255	-

I have to report that there has been a 75% increase in the number of notifications made to the department concerning the incidence of rat and mice infestations. This has necessarily restricted the efforts to carry out block treatments and sewer treatments at the desired frequencies, consequently a private company was employed to treat selected sewers with fluoracetamide and all the manholes on main sewers were so treated.

The apparent recession of the effectiveness of Warfarin to the rat and mouse may be one of the causes of increasing complaints, but the need to secure adequate proofing of premises against all rodents must not be overlooked otherwise colonies will be established and become much more difficult to destroy due to inaccessibility of the nests.

Rochdale Corporation Act, 1948 — Establishments for Massage and Special Treatment

Part VIII of this Act provides that any person carrying on an establishment within the meaning of the Act without a licence or exemption becomes liable to legal proceedings. During 1972 one exemption was extended and twelve licences renewed; three new licences were issued.

Diseases of Animals Act, 1950

The public health inspectors are appointed as inspectors under this Act, and a rota for standby duty is organised. To arrange for immediate contact of the duty inspector details are forwarded weekly to the Lancashire Constabulary and Ministry of Agriculture, Fisheries and Food.

The need to maintain this standby rota was evident this year, in particular, when, during a weekend in August, a case of Anthrax was confirmed and it became necessary for the carcase to be destroyed on site and complete disinfection of the farm buildings carried out.

One of the duties prescribed under the Act entails investigation of licences permitting the transport of swine into the Borough; 112 such licences involving 968 pigs were dealt with during the year.

Offices, Shops and Railway Premises Act, 1963

During the year 238 registered premises received a visit for the purpose of general inspections, and the accompanying table indicates the increase in the number of infringements found. It is therefore evident that constant and frequent visits to these premises must be maintained. Letters were sent to the owners advising them of the inspectors' findings and requesting immediate action to be taken.

There has not been any complaint made to the department by an employee or other person relating to conditions of premises and therefore the inability to secure 100% inspections is the most frustrating detail during the past twelve months.

Summary of Contraventions

<u>Sec.</u>									
4	Dirty premises, furniture, fittings, etc. ...	...	...	...	...	...	...	...	5
6	Inadequate heating or lack of thermometer ...	...	...	...	...	...	...	...	13
7	Ventilation ...	...	...	...	...	...	...	...	2
8	Inadequate lighting ...	...	...	...	...	...	...	...	11
9	Insufficient, unsuitable or dirty sanitary conveniences ...	...	...	...	...	...	...	...	9
10	Insufficient or unsuitable washing facilities ...	...	...	...	...	...	...	...	6
12	Inadequate accommodation for storage of outdoor clothing ...	...	...	...	...	...	...	...	2
16	Defective or obstructed floors, passages, stairs, absence of handrails etc. ...	...	...	...	...	...	...	...	12
17	Unfenced dangerous machinery ...	...	...	...	...	...	...	...	3
24	Absence of first aid box ...	...	...	...	...	...	...	...	5
50	No provision of information re Act for employees ...	...	...	...	...	...	...	...	13
									<u>81</u>

Investigation of Accidents

Forty three accidents have been reported this year compared with 31 during 1971.

All reported accidents were investigated and any of a recurring or dangerous nature were reported to the Health Committee.

Warning or advisory letters were sent in these instances and on one occasion the Chairman, Chief Public Health Inspector and Dr. Gibson met the management of one firm where accidents frequently occur and as a result of the discussion which took place, a Safety Officer was appointed by the firm concerned.

The previous trends indicating 'trivial' occurrences continue but there is no doubt that more major incidents would occur if it were not for the visits by the

inspectors enabling management to become aware of their responsibilities, however, it is also necessary to educate the employees as many accidents occur as a result of failure by the individual to care for his or her own safety.

A serious eye injury occurred during the year when an employee was cutting a tension wire on a package which, when released, pierced an eye causing an operation to become necessary.

Immediate action was taken by my department, the packaging company was notified and an investigation into the packaging method was commenced.

Pet Animals Act, 1961

This Act regulates the sale of pet animals by providing that pet shops should be licensed and inspected by the local authority. Ten such premises were licensed and on inspection all appeared to be conducted in a satisfactory manner.

Animal Boarding Establishments Act, 1963

This Act provides for the licensing of premises which are used for boarding animals. Five such establishments were operated under licence during the year and all appear to be conducted in a satisfactory manner.

Diseases of Animals (Waste Foods) Order, 1957

This statutory instrument prohibits the feeding of unboiled waste foods to certain animals or to poultry and it further provides that waste foods for those purposes shall be boiled only in plants licensed by the local authority. Twenty premises are licensed; no new licences were granted during the year.

Offensive Trades

The number of premises at which these trades were carried on in the Borough is as follows:

Tripe boiling	...	...	...	...	...	...	...	...	...	1
Knacker's yard (Bone boiling)	...	...	...	...	...	...	...	...	...	1
Rag and Bone dealers	...	...	...	...	...	...	...	...	...	4

Disinfestation of Premises

The Disinfestation Officer carried out the following work during the year.

Destruction of wasps' nests	...	...	...	...	...	...	...	...	17
Cockroach infestations	...	...	...	...	...	...	...	...	40
Bug infestations	...	...	...	...	...	...	...	...	10
Flea infestations	...	...	...	...	...	...	...	...	55
Miscellaneous species of vermin dealt with	...	...	...	...	...	...	...	...	76

The miscellaneous infestations included spider beetles, flies, blue-bottles, bees, slugs, silverfish, plaster beetles, earwigs, mites and crickets.

Cleansing Station

The Cleansing Station is open from Monday morning until Friday evening but treatment is available outside normal working hours by appointment.

The following table shows the number of persons cleansed at this station:—

	<u>1972</u>	<u>1971</u>	<u>1970</u>	<u>1969</u>	<u>1968</u>
Scabies	258	238	253	366	352
Head Lice and Other Verminous Conditions	82	86	71	62	94
Total	340	324	324	428	446

The Construction (Health and Welfare) Regulations, 1966

These Regulations apply to certain building operations and works of engineering construction. In general they are enforced by H.M. Inspector of Factories but the local authority is required to inform contractors of the steps which they must take to deal quickly with accidents or illness occurring on building sites. The Regulations also require the provision of adequate sanitary accommodation.

No notifications were received during the year.

Outworkers

Notifications of 53 outworkers were received during the year, indicating that many small businesses were being set up in the houses of immigrants involving the installation of industrial sewing machines, which when operated cause noise and vibration nuisance to neighbours. The public health inspectors are systematically visiting these premises and advising the operators of their responsibilities.

FACTORIES ACT, 1961

1. **INSPECTIONS** for purposes of provisions as to health (including inspections made by the Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspection	Written Notices	Occu- piers Prosecu- ted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	68	17	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	443	323	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	49	2	—	—
Total	560	342	—	—

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				No. of cases in which Pros. were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)					
(a) insufficient	1	2	—	1	—
(b) unsuitable or defective	1	3	—	2	—
(c) not separate for sexes	—	2	—	2	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	2	7	—	5	—

**TABLE I. – Vital Statistics of Whole District during 1972,
and previous years.**

Year	Population estimated to middle of each year	LIVE BIRTHS		Net Deaths belonging to the District			
		Net		Under 1 year of age		At All Ages	
		Number	Rate per 1,000 of est. population	Number	Rate per 1,000 Net Live Births	Number	Rate per 1,000 of est. population
1962	86,130	1608	18.7	35	22	1272	14.8
1963	86,300	1565	18.1	28	18	1262	14.6
1964	86,180	1592	18.5	36	23	1218	14.1
1965	86,490	1608	18.6	57	35	1232	14.2
1966	86,970	1620	18.6	26	16	1257	14.5
1967	86,960	1710	19.7	49	29	1157	13.3
1968	86,350	1663	19.3	41	25	1173	13.6
1969	86,600	1576	18.2	42	27	1246	14.4
1970	87,720	1678	19.1	46	27	1230	14.0
1971	91,470	1748	19.1	51	29	1203	13.2
Average for years 1962/1971	87,117	1636	18.8	41	25	1225	14.1
1972	93,010	1540	16.6	36	23	1252	13.5

TABLE II.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1972.
IN THE COUNTY BOROUGH OF ROCHDALE.

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 yr.	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 & over	
B5.Tuberculosis of Respiratory System	M	2	-	-	-	-	-	-	1	-	1	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B6(1).Late effects of Respiratory T.B.	M	2	-	-	-	-	-	-	-	-	-	2	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B6(2).Other Tuberculosis ...	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	1	-	-	-	-	-	-	
B17.Syphilis and it's Sequelae	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
B18. Other Infective and Parasitic Diseases ...	M	2	-	-	-	-	1	-	-	-	1	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B19(1).Malignant Neoplasm, Buccal Cavity etc. ...	M	3	-	-	-	-	-	-	-	-	-	2	1	
	F	2	-	-	-	-	-	-	-	-	1	1	-	
B19(2).Malignant Neoplasm, Oesophagus	M	6	-	-	-	-	-	-	1	1	3	1	1	
	F	2	-	-	-	-	-	-	-	-	1	1	1	
B19(3).Malignant Neoplasm, Stomach	M	16	-	-	-	-	-	-	-	2	2	8	4	
	F	16	-	-	-	-	-	-	-	2	3	3	8	
B19(4).Malignant Neoplasm, Intestine	M	10	-	-	-	-	-	-	2	3	4	1	1	
	F	18	-	-	-	-	-	1	3	2	9	3	3	
B19(5).Malignant Neoplasm, Larynx	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
B19(6).Malignant Neoplasm, Lung, Bronchus	M	44	-	-	-	-	-	-	3	17	19	5	1	
	F	10	-	-	-	-	-	-	3	1	5	1	-	
B19(7).Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	16	-	-	-	-	1	-	2	4	6	3	3	
B19(8).Malignant Neoplasm, Uterus	F	9	-	-	-	-	-	-	1	4	2	2	2	
B19(9).Malignant Neoplasm, Prostate	M	6	-	-	-	-	-	-	-	1	1	4	4	
B19(10).Leukaemia	M	3	-	-	-	-	-	-	-	-	2	1	1	
	F	2	-	-	-	-	-	-	-	-	1	1	-	
B19(11).Other Malignant Neoplasms	M	24	-	-	-	2	1	-	-	3	5	7	6	
	F	25	-	-	-	1	-	-	1	3	7	6	7	
B20.Benign and Unspecified Neoplasms	M	2	-	-	-	-	-	-	-	-	-	1	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B21.Diabetes Mellitus ...	M	7	-	-	-	-	-	-	1	2	-	3	1	
	F	9	-	-	-	-	-	-	-	-	1	4	4	
B22.Avitaminoses, etc. ...	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
B46(1).Other Endocrine etc. Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
B23.Anaemias	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	3	-	-	-	-	-	-	-	1	1	-	1	
M24.Meningitis	M	1	-	-	1	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B46(4).Multiple Sclerosis ...	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B46(5).Other Diseases of Nervous System	M	5	-	-	-	1	-	-	-	-	1	1	2	
	F	6	-	-	1	1	-	-	1	-	-	2	1	
B26.Chronic Rheumatic Heart Disease	M	9	-	-	-	-	-	-	-	-	2	3	4	
	F	15	-	-	-	-	-	-	1	2	5	3	4	
B27.Hypertensive Disease ...	M	2	-	-	-	-	-	-	-	1	-	1	-	
	F	6	-	-	-	-	-	-	-	1	1	-	4	
B28.Ischaemic Heart Disease	M	175	-	-	-	-	-	-	-	18	39	73	45	
	F	146	-	-	-	-	-	-	1	3	22	37	83	
B29. Other Forms of Heart Disease	M	26	-	-	-	-	-	-	-	2	3	7	14	
	F	44	-	-	-	-	1	-	-	-	4	12	27	
B30.Cerebrovascular Disease	M	61	-	-	-	-	1	1	3	4	26	26	26	
	F	88	-	-	-	-	-	1	1	4	28	54	54	
B46(6).Other Diseases of Circulatory System ...	M	25	-	-	-	-	-	-	-	2	1	6	16	
	F	38	-	-	-	-	-	-	-	-	2	8	28	

TABLE II.
(continuation)

CAUSE OF DEATH	S e x	Total all Ages	Under 4 weeks	4 weeks & under 1 yr.	AGE IN YEARS									
					1-5-	5-15-	15-25-	25-35-	35-45-	45-55-	55-65-	65-75-	75 & over	
B31.Influenza	M	2	-	-	-	-	-	-	-	-	-	1	1	
	F	3	-	-	-	-	-	-	-	-	-	2	1	
B32.Pneumonia	M	76	4	1	2	-	2	2	-	2	8	22	33	
	F	69	1	3	1	-	1	-	-	1	14	14	48	
B33(1).Bronchitis & Emphysema	M	42	-	-	1	-	-	-	1	3	9	17	11	
	F	34	-	-	-	-	-	-	2	1	6	14	11	
B33(2).Asthma	M	2	-	-	-	-	-	-	-	-	1	1	-	
	F	1	-	-	-	-	-	-	-	1	-	-	-	
B46(7).Other Diseases of Respiratory System ...	M	5	-	1	-	-	-	-	-	-	-	2	2	
	F	4	-	-	-	-	-	-	-	-	-	2	2	
B34.Peptic Ulcer	M	5	-	-	-	-	-	-	-	-	-	1	4	
	F	3	-	-	-	-	-	-	1	-	-	2	-	
B35.Appendicitis	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B36.Intestinal Obstruction & Hernia	M	2	-	-	-	-	-	-	-	-	-	-	2	
	F	3	-	-	-	-	-	-	-	1	-	-	2	
B37.Cirrhosis of Liver ...	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	-	1	1	-	
B46(8).Other Diseases of Digestive System ...	M	4	-	-	-	-	-	-	-	-	-	3	1	
	F	9	-	-	-	-	-	-	1	-	-	3	5	
B38.Nephritis and Nephrosis	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	4	-	-	-	1	-	-	-	-	-	1	2	
B39.Hyperplasia of Prostate	M	3	-	-	-	-	-	-	-	-	-	2	1	
B46(9).Other Diseases, Genito-Urinary System ...	M	3	-	-	-	-	-	-	1	-	1	-	1	
	F	6	-	-	-	-	-	-	-	-	3	1	2	
B46(11).Diseases of Musculo- Skeletal System	M	2	-	-	-	-	-	-	1	-	1	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
B42.Congenital Anomalies ...	M	2	1	-	-	-	-	-	1	-	-	-	-	
	F	7	3	-	1	1	-	-	-	-	-	1	1	
B43.Birth Injury, Difficult Labour, etc.	M	5	5	-	-	-	-	-	-	-	-	-	-	
	F	2	2	-	-	-	-	-	-	-	-	-	-	
B44.Other Causes of Perinatal Mortality ...	M	8	8	-	-	-	-	-	-	-	-	-	-	
	F	3	3	-	-	-	-	-	-	-	-	-	-	
B45.Symptoms and Ill, Defined Conditions ...	M	2	-	-	-	-	-	-	-	-	-	-	2	
	F	2	-	-	-	-	-	-	-	-	-	-	2	
BE47.Motor Vehicle Accidents	M	4	-	-	1	2	-	1	-	-	-	-	-	
	F	4	-	-	1	-	1	-	-	-	-	-	2	
BE48.All Other Accidents ...	M	7	-	1	1	-	1	-	1	1	1	-	1	
	F	9	1	1	1	-	-	-	1	1	1	-	4	
BE49.Suicide and Self- Inflicted Injuries ...	M	7	-	-	-	-	1	2	-	1	2	1	-	
	F	5	-	-	-	-	-	-	-	1	2	2	2	
BE50.All Other External Causes	M	2	-	-	-	-	-	1	-	-	-	1	-	
	F	2	-	1	-	-	-	-	1	-	-	-	-	
Total All Causes ...	M	619	18	3	6	5	5	8	8	49	106	220	191	
	F	633	10	5	5	4	2	3	11	26	76	174	317	

TABLE III.

**INFANT MORTALITY – Net Deaths from stated causes at various
Ages under one year of age – Year 1972**

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH								Total Deaths under 1 year	
	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	4 weeks to 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1972	1971
Prematurity	9	-	-	-	-	-	-	-	9	12
Pneumonia	5	1	-	-	2	2	-	1	11	12
Congenital Malformations ...	1	1	-	-	-	-	-	-	2	13
Intracranial Haemorrhage ...	-	-	1	-	-	-	-	-	1	2
Asphyxia, Atelectasis or Anoxia	4	-	1	-	-	-	1	-	6	3
Resp. Distress Syn. ...	5	-	-	-	-	-	-	-	5	-
Birth Injury	-	-	-	-	-	-	-	-	-	1
Gastroenteritis ...	-	-	-	-	-	-	-	-	-	4
Accidental	-	-	-	-	1	1	-	-	2	1
Meningococcal Infection	-	-	-	-	-	-	-	-	-	1
Measles	-	-	-	-	-	-	-	-	-	1
Intestinal Obstruction & Hernia	-	-	-	-	-	-	-	-	-	1
ALL CAUSES ...	24	2	2	-	3	3	1	1	36	51

Net Live Births in the year — legitimate 1,356, illegitimate 184
 Net Infant Deaths in the year — legitimate 24, illegitimate 12

To the Chairman and Members of the Education Committee of the County Borough of Rochdale.

LADIES AND GENTLEMEN,

“The old order changeth, yielding place to new”

Tennyson:

It gives me great pleasure to submit my Annual Report for 1972 on the School Health Service of the County Borough of Rochdale, being the sixty-fourth of the series. It is also the tenth to be edited by me and may well be the last of a line which started well before the first world war.

The changes which have occurred in that space of time have been universal and revolutionary even in the most ‘conservative’ societies, and would have astounded the Edwardians had they possessed the gift of foresight.

Nothing stands still, change generates its own momentum and those of us who are engaged in the fields of health and local government face radical changes in the systems before another year has passed. Into history will go the Medical Officer of Health and the Principal School Medical Officer, and in their place will appear a new genus – the Community Physician, who will doubtless bear a striking resemblance to his immediate ancestors.

Much has been achieved for the health of the young since 1909 and much of this has been due to the efforts of those engaged in preventive medicine in its widest aspects, whether in the fields of immunisation against infectious diseases, improved nutrition, general improvements in public sanitation and hygiene, or upgrading of the total environment.

During this time there has been a dramatic fall in the percentage of deaths occurring in persons under 25 years of age.

	<u>1909</u>	<u>1972</u>
Population	89,654	93,010
Birth Rate	23.0	16.2
Infant mortality	102	23
Deaths – Scarlet Fever	10	—
” Diphtheria	13	—
” Whooping Cough	6	—
” Measles	17	—
” Tuberculosis	124	5
” Under 25 yrs.	424	63
Percentage of children	9.2 (boys)	3.4
with head infestations	58.2 (girls)(overall)	
School children found to have rickets	123	1

To return to the recent past of 1972, it will be seen that in spite of certain staffing difficulties the output of work was well maintained.

Shortage of staff is particularly severe in the dental service where by the end of the year only the Principal School Dental Officer remained in post and repeated advertisements produced no results. Mr. Pritchard, however, does his best to maintain a service under very adverse conditions.

In the child guidance service, Dr. Una Batt resigned on the 31st August, having given us most valuable help and advice since October, 1971. On the 1st September, Dr. Gavin Simpson took up his appointment as Consultant Child Psychiatrist to the Rochdale group of hospitals, being the first holder of this new post. Dr. Simpson devotes part of his time to child guidance work within the school health service and the Health and Education Departments were able to help him by providing accommodation for his out-patient sessions at the Ralph Williams and Kingsway Clinics.

Under the Provision of Milk and Meals (Amendment No. 2) Regulations, some 1,065 pupils were screened by nursing and medical staffs, of whom eventually 848 were recommended for free milk, compared with 600 in 1971. This is a most time-consuming and time-wasting exercise, and I only wish that some other method could be devised.

I am pleased to see that facilities for physical education continue to improve, especially the scheme for teaching all primary school children to swim. I am of the opinion that all children benefit from being extended to the limit of their capabilities, both physical and mental, from time to time. I have found that the greatest satisfaction in life comes from achievement, even if we are not all able to reach the topmost pinnacles.

The environment within which children are educated continues to improve with the building of new schools, and alterations and extensions to others.

In April, 1974 a new Council will take over the functions of the education authority and a new health authority will take over the provision of a school health service, some of the chief and senior officers will also be new. I wish them well in their efforts to provide services for the children of the new Metropolitan District of Rochdale and may they do as good work as those of us who have served the old County Borough whether as members or officers.

I wish to extend my personal appreciation and thanks to all members of the staff for their efficient and loyal service throughout 1972 and all years past, often under conditions of considerable difficulty. I wish them every happiness and success in the new era which will dawn on the 1st April, next.

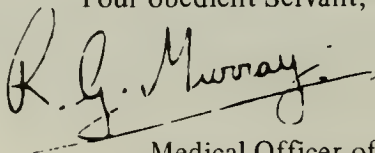
On behalf of the Service I wish to express thanks to our colleagues in general practice and in the hospital service for their freely given advice, co-operation and help.

I should like to acknowledge the consistent support and encouragement given to the staff of the School Health Service by the Chairman and Members of the Schools Sub-committee.

In closing I wish to pay tribute to the Chief Education Officer, and to his administrative and teaching staffs, for the way they have co-operated so readily at all levels with myself and my staff in our joint efforts to promote the health, welfare and knowledge of the children and young people of Rochdale.

I have the honour to be,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'R. G. Murray', with a horizontal line drawn underneath it.

Medical Officer of Health and
Principal School Medical Officer

24th July, 1973.

SCHOOL HEALTH SERVICE

Principal School Medical Officer and Medical Officer of Health	ROBERT G. MURRAY, M.B., Ch.B, M.F.C.M., D.P.H.
Deputy Principal School Medical Officer and Deputy Medical Officer of Health	ROBERT S. GIBSON, M.B., B.Ch., B.A.O., M.F.C.M., D.P.H.
School Medical Officers	MARGARET BOLDUS, B.Sc., M.B., Ch.B. CHRIST D.H. MUNZNI, M.B., B.S. JOYCE NEWMAN, M.B., Ch.B., D.A. (part-time) JAMES P. KELLY, M.B., B.Ch., D.P.H. (part-time) (ϕ 22.4.72)
Principal School Dental Officer ..	H.W. PRITCHARD, L.D.S.
Senior School Dental Officer	K. ANDERSON, L.D.S. (ϕ 7.7.72)
School Dental Officers	B.M. HAINES (part-time) (ϕ 24.3.72) B. HEY (part-time) (ϕ 21.12.72)
Dental Anaesthetists	R. MALLINSON, M.B., Ch.B. (part-time) H. PADMANABHAN, M.B., B.S., D.A., F.F.A.R.C.S., (part-time) M.G. ROBERTS, B.Sc., M.B., Ch.B., F.F.A.R.C.S., (part-time)
Speech Therapist.. ..	Vacant
Teacher of Deaf	A.V. HAMPSON (part-time) (+11.1.72) (ϕ 3.8.72)
Physiological Measurement Technician (Audiology)	B. O'NEILL (part-time)
Director of Nursing Services	K.M. COOPER, S.R.N., S.C.M., H.V. (+5.10.72)
Superintendent Health Visitor ..	O. SOUTH, S.R.N., S.C.M., H.V.
Deputy Superintendent Health Visitor	P.V. DARBY, S.R.N., C.M.B.Part 1, H.V.
Health Visitor/Field Work Instructor ..	J. REID, S.R.N., S.C.M., H.V. (ϕ 30.6.72) M. WEETMAN, S.R.N., C.M.B.Part 1, H.V. (+1.9.72) B. ALLEN, S.R.N., C.M.B.Part 1, H.V. (ϕ 9.4.72) M.J. COURTNEY, S.R.N., Obst. Cert., H.V. (+1.9.72) M. HARPER, S.R.N., C.M.B.Part 1, H.V. (+1.9.72) J.G. MURRAY, S.R.N., C.M.B.Part 1, H.V. J. REID, S.R.N., S.C.M., H.V. I. RUSHTON, S.R.N., C.M.B.Part 1, H.V. P. SCOTT, S.R.N., C.M.B.Part 1, N.N.E.B., H.V. (+1.9.72) D. SHEPHERD, S.R.N. C.M.B.Part 1, H.V. (+11.9.72) N. THORNBUR, S.R.N., S.C.M., H.V. M. WEETMAN, S.R.N., C.M.B.Part 1, H.V. (ϕ 30.8.72) P. WILLIAMS, S.R.N., C.M.B.Part 1, H.V. J.A. YOUSIF, S.R.N., Obst.Cert., H.V. I.R. DESAI, S.R.N., S.C.M., H.V. (part-time) (+22.5.72) S. RIGG, S.R.N., S.C.M., H.V. (part-time) S. TAYLOR, S.R.N., S.C.M., H.V. (part-time) (+26.1.72) R.L. MURRAY, S.R.N., S.C.M., H.V. (part-time) (ϕ 24.9.72)
School Nurses	B. APPLETON, S.R.N. (+24.7.72) M. CISEK, S.R.N. M. HILL, S.R.N. A. TONGE, S.R.N. B. WHITWORTH, S.R.N. C.G. WILSHER, S.R.N.
Public Health Nurses	I. BAILEY, S.E.N. I. BENJAMIN, S.E.N. C. CHEADLE, S.E.N. K. GRABOWSKI, S.E.N. Q.U.Z. KASHMIRI, S.E.N. (ϕ 23.4.72) A. QURESHI, S.E.N. (+15.5.72)
Clerks	D.R. BARNISH C.A. LEVER J. SMITH E.M. APPLETON (part-time)
Senior Dental Surgery Assistant ..	D.H. SANDIFORD
Dental Surgery Assistants	K. BUCKLEY S. LEES P. MURRAY S. STEEPLE (ϕ 31.3.72)

Educational Psychologist	..	..	J. YATES, B.A.,M.A.(Ed. Psych.) Dip. Ed.
Trainee Educational Psychologist	..	..	C.A. BILLINGS, B.A.(Hons.Psych.) P.G.C.E.

Consultants

Ophthalmic Surgeon	..	..	..	J. McLENACHAN, M.B.,Ch.B.,F.R.C.S.,Ed.,D.O.M.S.
Child Psychiatrist	..	..	..	U.E. BATT, L.R.C.P.I.,L.R.C.S.I.,L.A.H.Dubl., D.P.M. (φ 31.8.72)
Psychiatrist	..	..	..	S. FALK, M.D., D.P.M. (Knowl View School)

Available for Consultation by Arrangements with the Regional Hospital Board

Aurist	..	..	..	..	J.P. FRASER, M.B.,Ch.B.,F.R.C.S.Glasg.
Paediatrician	..	..	..	..	M.H. BUSTON, M.B.,Ch.B.,M.R.C.P., D.C.H.
Orthopaedic Surgeon	..	..	..	..	M.G. NOTT, M.B.,B.S.,F.R.C.S.Eng.,F.R.C.S.Ed.
Chest Physician	..	..	..	..	W.R. MAY, M.B., B.S., F.R.C.P., D.C.H.
Child Psychiatrist	..	..	..	..	G.J.S. SIMPSON, M.B., Ch.B., D.P.M. (+1.9.72)

+ Commenced

φ Ceased

CLINIC SERVICES

Central Clinic, Penn Street:

Open daily from 8.30 a.m. to 5.00 p.m. (5.30 p.m. on Mondays).

Minor Ailment Clinic – daily 8.30 a.m. to 12 noon.

Dental – Routine, Special, General Anaesthetic sessions.

Ophthalmic – Two sessions per week.

Special appointments and examinations are arranged to suit patients and staff.

Other Premises:

Minor Ailment Clinics –

KINGSWAY CLINIC –	Tuesday and Thursday 8.45 to 9.30 a.m.
KIRKHOLT CLINIC –	Monday and Friday 8.45 to 9.30 a.m.
SPOTLAND CLINIC –	Monday and Wednesday 8.45 to 9.30 a.m.
RALPH WILLIAMS CLINIC	
SMALLBRIDGE –	Monday and Thursday 1.45 p.m.

Dental –

SPOTLAND CLINIC	}	–	Routine, Special, Treatment and X-ray examinations.
KIRKHOLT CLINIC			
KINGSWAY CLINIC			
RALPH WILLIAMS CLINIC			
SMALLBRIDGE –			

Orthopaedic –

ROCHDALE INFIRMARY –	One session per week (Wednesday a.m.)
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Paediatric –

ROCHDALE INFIRMARY –	Two sessions per week (Monday a.m. and Wednesday p.m.)
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Speech Therapy –

SPOTLAND CLINIC –	Four sessions per week
KINGSWAY CLINIC –	Two sessions per week
KIRKHOLT CLINIC –	Two sessions per week
HIGH BIRCH SPECIAL SCHOOL –	One session per week
BROWNHILL SPECIAL SCHOOL –	One session per week

SCHOOL MEDICAL REPORT

The estimated mid-year population of Rochdale was 93,010.

SCHOOL POPULATION

	Schools	Children
Upper	4	3,585
Middle	6	3,332
High	2	1,056
E.T.C.	1	105
Primary	31	9,941
Special	5	354
Nursery	4	504
	53	18,877

Staff

The medical staffing situation remained difficult during the year.

Dr. Newman remained on a half-time basis throughout whilst Dr. James P. Kelly who helped with school medical inspections in the Kingsway area on a part-time basis unfortunately resigned in April.

There was an establishment for another full time School Medical Officer but it was not possible to fill this post.

In the nursing staff there were changes as in previous years.

There were eleven full-time and three part-time Health Visitors/School Nurses employed at the end of the year.

During the year four students successfully completed Health Visitor Training and two part-time health visitors were recruited.

One full time and one part-time health visitor resigned. Six students were recruited and seconded to Bolton and Manchester Training Centres.

One full time school nurse was appointed.

Courses, Conferences and In-service Training

The majority of staff have attended Integration Courses in preparation for the reorganisation of the Health Services in 1974.

Health Visitors have attended courses and conferences organised by Local Health Authorities, Education Departments, and Professional and Voluntary Organisations. Topics have included Management, Principles and Practice of Teaching, Audiology, Alcoholism and Drug Dependence.

One health visitor completed, and two health visitors commenced the course of training for field work instruction.

In-service training has included a short course for health visitors on developmental screening of the under fives, which was conducted by a general practitioner and a health visitor tutor.

School and clinic nurses attended a two-day in-service programme which included lectures, demonstrations and a visit to a disinfestation unit. Further in-service training continues in the form of monthly study half days to include lectures on all aspects of Local Authority work relevant to nursing staff working in the School Health Service.

As in previous years we have had visits by students of different disciplines to clinics and special schools as part of their training.

Minor Ailment Clinics

There has been an increase in the number of total attendances which is partly due to an increase in the school population. The majority were skin conditions. There has been an increase in plantar warts treated which is probably due to increased foot inspections in the schools.

The accompanying table gives the classifications of conditions dealt with at the Minor Ailment Clinics. —

The following table gives a classification of the conditions dealt with at the Minor Ailment Clinics :

	<u>Penn St.</u>		<u>Kingsway</u>		<u>Kirkholt</u>		<u>Spotland</u>		<u>Smallbridge</u>		<u>TOTAL</u>	
	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971	1972	1971
New Cases — Doctors	51	126	1	2	2	16	-	-	-	-	54	144
New Cases — Nurses	688	645	438	426	131	148	136	147	16	23	1,409	1,389
Summary of New Cases:												
Ringworm (a) Scalp	-	-	1	1	1	-	-	-	-	-	2	1
(b) Body	1	-	1	-	2	-	-	-	-	-	4	-
Scabies	23	27	5	2	1	1	-	1	2	-	31	31
Impetigo	17	28	1	9	15	3	3	3	-	8	36	51
Other Skin Diseases	155	137	37	68	28	35	15	44	-	1	235	285
External Eye Diseases	23	27	4	8	1	1	-	1	-	-	28	37
E.N.T. Conditions	16	30	3	5	-	9	-	-	-	-	19	44
Other Defects	184	292	226	224	20	27	31	35	1	-	462	578
Septic Wounds	35	39	15	11	10	20	19	17	2	3	81	90
Plantar Warts	285	191	146	100	55	68	68	46	11	11	565	416
Re-examinations — Doctors	204	164	1	4	-	9	-	-	-	1	205	178
Re-examinations — Nurses	2,160	1,587	907	711	314	367	467	319	46	36	3,894	3,020
Nurses' Treatments	2,812	2,226	1,172	1,011	423	459	584	428	56	52	5,047	4,176
Total Attendances	3,103	2,522	1,347	1,143	447	540	603	466	62	60	5,562	4,731

Roll of Nursing Staff

Surveillance of the health and hygiene of all school children is carried out by qualified nursing staff including health visitors, school nurses and clinic nurses.

Health Visitors

Health Visitors who are state registered nurses with obstetric or midwifery experience and have also completed a one year post graduate training are specially qualified as health educators and are able to plan and carry out a full syllabus or take occasional classes in school. The extent to which they are requested to do so varies considerably from school to school.

They are also well equipped to interpret the home to the school and the school to the home where children's progress is delayed by physical or emotional problems.

School Nurses

School nurses are state registered nurses who assume responsibility for carrying out routine health checks, hygiene inspections and routine preparation for medical inspection in school. They accompany the medical officer at the time of the medical inspection, also when routine visits are made to school for immunisation, B.C.G. and rubella vaccination. One school nurse is also responsible for the organisation of the Ophthalmic Clinic and is present when the clinic is conducted by the ophthalmic surgeon. Home visits are made to advise and instruct parents on the care of verminous heads and for other reasons after consultation with the health visitor.

Clinic Nurses

Clinic nurses are state enrolled nurses who undertake treatment at all the minor ailment clinics. They assist school nurses in carrying out routine vision tests in schools.

Co-operation within the nursing team and with teaching staff promotes successful follow-up of health and social problems presenting in children, particularly important in special schools where family problems are complex and the expertise of each member of the team is required.

As the following table shows there has been an increase in the work of the nursing staff in the past year :

	<u>1972</u>	<u>1971</u>
Hygiene – Inspections	44,980	43,725
Re-inspections	10,585	10,258
Brownhill Special Schools – (a) Dressings 185		
(b) Specials 218	403	1,057
Eye Clinic	1,080	744
Home Visits	1,595	1,608
	<u>58,643</u>	<u>57,392</u>

Medical Inspections in Schools

	<u>1972</u>	<u>1971</u>
Periodic Medical Inspections	3,336	3,419
Special Inspections	96	148
Re-Inspections	4,044	4,228
Brownhill Inspections	60	99
	<u>7,536</u>	<u>7,894</u>
Parents interviewed	1,270	1,207

Because of the shortage of medical officers there was a small reduction in the number of school children inspected and no routine medical inspection was possible in seventeen schools. There was a slight increase in the number of parents seen which is of mutual benefit.

The standard of general physical condition of the children remained very good. 725 children were found with defects of vision requiring observation or treatment. There were 587 children reported with defects in the nose and throat, mainly enlarged tonsils, and 759 with enlarged lymph glands in the neck. These were mainly in entrants where enlarged tonsils and lymph glands in the neck are part of the body's defensive mechanism against upper respiratory infection so prevalent amongst children when they start school. Only 18 were thought to require treatment when seen.

In addition to the above examinations 1,065 pupils over the age of seven years were inspected under the Provision of Milk and Meals (Amendment No. 2) Regulations, 1971 for the provision of milk in schools on grounds of health by the school medical officers, 848 were recommended for free milk. This entailed a lot of extra work for the clerical, nursing and medical staff, and by head teachers and their staffs.

Inspection of School Buildings

A school medical officer inspects the buildings and submits a report to the Principal School Medical Officer with a copy for transmission to the Chief Education Officer. On the whole the state of cleanliness and maintenance was good.

Infestation with Vermin

Every parent with a child due to start primary school is sent an informative letter from the Health Department, regarding the problem of head infestation and measures which can be taken to prevent it.

At the beginning of each term a hygiene inspection is carried out by the school nurse and re-inspections carried out as required. Where a child is found to be infested, the parents are informed by letter and a home visit is carried out whenever possible. Advice and assistance is given if necessary.

Where a child is found to have a severe infestation the child is excluded from school for 48 hours and an exclusion notice delivered. The child is re-examined by the school nurse in school after 48 hours. If on re-examination the child is still infested an exclusion notice for a further 48 hours is served and the parents are persuaded to cleanse the child or take the child to the Cleansing Centre.

In 1972 it was not found necessary to serve a Cleansing Order on parents instructing them to present a child for compulsory cleansing.

The work of the school and clinic nurses in dealing with the problem continues to be of great importance particularly when the national problem is increasing.

In September after the long school holiday there was an encouraging reduction in the number of children found to be infested. Many children who are cleansed become re-infested but the reasons for this are obscure. The new preparations for the treatment of head infestation are of great assistance particularly whilst the trend for long hair remains.

Parental education by the health visitors continues.

	<u>1972</u>	<u>1971</u>
School population	18,877	18,027
Head inspections	55,562	53,983
Children with nits or vermin	1,909	1,958
Expressed as a percentage of head inspections	3.4	3.6

It will be noted that the school population increased by 850 and the number of inspections by 1,579.

Children Treated at the Cleansing Centre

	<u>1972</u>	<u>1971</u>
Verminous heads —		
Referred by School Health Service ..	53	61
Referred by Family Doctor	4	3
	<u>57</u>	<u>64</u>
Scabies —		
Referred by School Health Service ..	44	50
Referred by Family Doctor	97	91
	<u>141</u>	<u>141</u>

The number of Scabies treated at the Centre is the same as the previous year but well below the figure of 206 recorded in 1969.

Eye Clinic

Mr. J. McLenachan, Consultant Ophthalmic Surgeon, continued this very valuable service at the School Clinic, Penn Street. The following is a classified table of those examined :

Seen	1,080
Refracted	1,080
Glasses Prescribed	522
Squints	31

Conditions seen other than errors of refraction :

						<u>Old Cases</u>	<u>New Cases</u>
Albinoid and Nystagmus	..	..	..			-	1
Nystagmus	..	..	..	..	..	4	1
Cataract	..	..	..	..	..	2	-
Ptosis	..	..	..	..	..	2	-
Coloboma	..	..	..	..	..	3	-

Direct Referrals to Hospital Consultants

As a routine only children with visual defects are seen by a consultant at the School Clinic. Other children considered in need of consultant advice are normally referred to their family doctor, but some are referred direct to the hospital specialist, after consultation with the family doctor.

During 1972 the number so referred was 55.

E.N.T. Surgeon: Of the 28 cases referred to Mr. Fraser, 25 were for the investigation and treatment of loss of hearing, whilst 8 had operative treatment.

Other school children who received operative treatment in hospital:

(a)	For diseases of the ear	..	..	..	..	..	..	19
(b)	For chronic tonsillitis and adenoids	..	..	..	..	..	..	283
(c)	For other nose and throat conditions	..	..	..	..	..	..	44

Paediatrician: 15 school children were referred as follows:

Heart murmurs	..	..	..	..	..	..	..	..	5
Slow developmental progress	..	..	..	..	..	..	..	..	4
Spasticity	..	..	..	..	..	..	..	..	2
Obesity	..	..	..	..	..	..	..	..	1
Enuresis	..	..	..	..	..	..	..	..	1
Defective speech	..	..	..	..	..	..	..	..	2

Orthopaedic Surgeon: 5 children were referred with deformities of the feet, legs and spine.

General Surgery: 1 child was referred with phimosis, 1 with a hernia, and 1 with hypospadias.

Dermatologist: 1 child was referred with warts and 1 with ichthyosis.

Ophthalmologist: 1 child with defective vision and 1 with a squint.

Audiology

Mrs. Stronach, Teacher of the Deaf, ceased work on the 4th August, 1971 and it was not possible to find someone to replace her until 10th January, 1972, when Mrs. A.V. Hampson commenced duties as a part-time Teacher of the Deaf and Partially Hearing Children.

At the beginning of the year there were 27 hearing aid wearers, including 10 attending special schools for the deaf or partially hearing.

Contact was maintained with children placed in boarding and day special schools outside Rochdale. All the hearing aid wearers in school were visited. Parents and teachers of children who are deaf or partially hearing were advised of ways in which the children could be helped.

Unfortunately Mrs. Hampson ceased work on the 3rd August, and it was not possible to find someone to replace her before the end of the year.

Mrs. Hampson did 94 school visits, 28 home visits and 105 diagnostic tests of hearing, 46 of which were referred for medical examination.

At the end of the year there were 37 hearing aid wearers, including 13 attending special schools for the deaf or partially hearing.

Audiometry

Mrs. O'Neill continued with the routine screening of the hearing of children in the 6 year age group.

Number of schools visited	45
Number of children given routine screening test	1,690
Number of children re-examined	384
Number of children referred to the Teacher of the Deaf for diagnostic tests	165
Number of children screened at the request of Health Visitors, G.P.s., School staff, etc.	187
Number of children tested at Penn Street Clinic	10

Remedial readers continue to be screened as regularly as possible

Speech Therapy

Although there is an establishment for one full-time and one part-time speech therapist we have been unable to obtain a speech therapist, in spite of frequent advertising throughout the year. This is due to a national shortage.

Mrs. Mee who resigned as from the 31st December, 1971, to take up an appointment with the hospital service at Sparthfield Clinic, was able to provide therapy for some children with urgent speech defects. Many children who require speech therapy are unable to receive it.

Brownhill School – (Mr. E.M. de Smith – Headmaster)

I am indebted to Mr. de Smith for the following report :

“We have not had the services of a speech therapist this year and regrettably a number of children requiring speech therapy have had to go without. Some of the more urgent cases have been seen by Mrs. Mee at Sparthfield Clinic.

A request was made for the school to have a further session of physiotherapy.

Since September, we have had the use of the Learner Pool at the Rochdale Baths for the younger children. This has provided an opportunity for informal therapy.

The average age of the pupils has fallen. We are now able to admit children in the 4 - 5 years age group. This has in part been made possible due to our policy

of transferring pupils to ordinary schools as soon as we are confident they will be able to cope.

At the end of the year there were 90 pupils on roll (60 boys and 30 girls) classified as follows:

	<u>Boys</u>	<u>Girls</u>
Asthma/Bronchitis	8	4
Debility/Delicate	5	3
Emotionally Disturbed	21	8
Epilepsy – Major and/or Minor	1	1
Heart Defects – congenital and acquired	2	2
Cerebral Palsy	7	5
Muscular Dystrophy	1	1
Speech Defect	1	1
Spina Bifida	2	1
Haemophilia	2	0
Other physical handicaps	8	2
Others	2	2

During the year 18 pupils (8 boys and 10 girls) left the school for the following reasons:

	<u>Boys</u>	<u>Girls</u>
Returned to ordinary school	3	4
Transferred to residential school	0	1
Commenced full-time employment	4	2
Left the district	1	2
Deceased	0	1

The 7 children who transferred to ordinary schools were originally classified as follows:

3 emotionally disturbed, 3 delicate and 1 epileptic.

There were 22 admissions (13 boys and 9 girls)

	<u>Boys</u>	<u>Girls</u>
Delicate	2	1
Emotionally Disturbed	3	3
Physically Handicapped	8	4
Epileptic	0	1

Knowl View Residential School for Maladjusted Boys

I am indebted to Mr. J.D. Lowe, Acting Headmaster, for the following report :

Referring Authority:	Rochdale	Oldham	Bolton	Lancashire County	Wigan	Stockport	Manchester
No. on Roll 1st Jan. 1972 (45)	8	8	11	14	2	1	1
Discharges	- 2	- 1	- 2	- 4	-	-	-
Transfers	- 1	-	- 1	+1	-	-	+1
	to M/c.		to Lancs. County	from Bolton	-	-	from Rochdale
Admissions	+1	3	-	5	-	-	-
No. on Roll 1st Jan. 1973 (45)	6	10	8	16	2	1	2

High Birch School – (Mr. R.A. Watson, Headmaster)

I am indebted to Mr. Watson for the following statistics :

						<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Main School								
No. on Roll: January 1972	..	..	..	..	..	84	49	133
Admissions ..	..	..	..	..	..	9	4	13
						<u>93</u>	<u>53</u>	<u>146</u>
Leavers:								
To employment	..	..	..	..	..	6	5	11
Deceased	..	..	..	..	..	1	-	1
Left District	..	..	..	..	..	4	5	9
No. on Roll: December 1972	..	..	..	..	..	<u>82</u>	<u>43</u>	<u>125</u>
Nursery Unit								
No. on Roll: January 1972	..	..	..	..	..	6	6	12
Admissions ..	..	..	..	..	..	3	3	6
						<u>9</u>	<u>9</u>	<u>18</u>
Leavers:								
To Main School	..	..	..	..	..	1	2	3
To other schools	..	..	..	..	..	1	2	3
						<u>2</u>	<u>4</u>	<u>6</u>
No. on Roll: December 1972	..	..	..	..	..	7	5	12
Total Roll: December 1972	..	..	..	..	..	89	48	137
Waiting List: December 1972	..	..	..	..	..	41	21	62 "

Innes School – (Miss J.M. Buckley, Head)

I am indebted to Miss Buckley for the following report:

						<u>Boys</u>	<u>Girls</u>	<u>Total</u>
" No. on roll January 1972						36	36	72
Leavers during the year:								
Transfer to Adult Training Centre	..	..	..	..	..	1	1	2
To employment	..	..	..	..	..	-	1	1
To hospital care	..	..	..	..	..	2	-	2
Left the district	..	..	..	..	..	1	3	4
Transfer to other schools	..	..	..	..	..	-	3	3
Death	..	..	..	..	..	-	1	1
						<u>4</u>	<u>9</u>	<u>13</u>
Admissions during the year:	..	..	..	..	..	5	7	12
No. on roll December, 1972	..	..	..	..	..	37	34	71 "

Mentally Handicapped Children

Most school children are seen in the first instance by the educational psychologist and those recommended for special educational treatment are referred to the school medical officers for assessment and the completion of the necessary documents. Pre-school children are also seen by the medical officers and recommended for the special educational treatment as required.

Child Guidance and School Psychological Service

Mr. J. Yates, Educational Psychologist, has kindly submitted the following report:

"The appointment of Dr. G.J.S. Simpson, as Consultant Child Psychiatrist at Birch Hill Hospital and his agreement to hold clinics at Spotland Child Guidance Centre on two half-days each week has provided the Child Guidance Clinic with a much needed medical focus for its activities. We are hopeful that the appointment of a social worker to the clinic early in 1973 will complete the team and facilitate more intensive and extensive services.

Miss Billings is in process of completing her training in London and the School Psychological Service is therefore functioning with one educational psychologist until her return.

The following are the statistics for the period 1st January, 1972 to 31st December, 1972:

School Psychological Service

Cases on waiting list at 31st December 1971:	..	..	..	..	10
Cases referred during 1972:	..	..	..	..	155
Breakdown of cases referred:					
(1) Sex:	109 males, 46 females				
(2) Age:	Below 5 years	:	4		
	5 - 7y. 11m.	:	49		
	8 - 10y. 11m.	:	40		
	11 - 13y. 11m.	:	47		
	14 years and older	:	5		
(3) Reason for referral (primary factors) :					
(a) Learning difficulties	:	65			
(b) Disturbed behaviour	:	57			
(c) Truancy and school phobia	:	12			
(d) Miscellaneous	:	21			
(4) Source of referral :					
Headteacher	:	129			
School Medical Officers:	:	21			
Others	:	5			
Cases on waiting list at 31st December, 1972	..	..	..	..	28

Child Guidance Clinic

Cases on waiting list at 31st December, 1971 :	..	..	..	..	5
Cases referred during 1972 :	..	..	..	..	25

Source of referrals :

School Medical Officers	:	6
School Psychological Service	:	8
Social Services	:	3
General Practitioners	:	7
Others	:	1

Cases on waiting list for initial interview at 31st December, 1972	:	1	"
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Nursery Schools

During the year four medical inspections were carried out and 267 children were examined in the four nursery schools.

Parents are invited to be present at the first examination and they are also asked to attend when their children are seen at special examinations.

Defects are kept under observation, advice is given to parents and children are referred to their general practitioner or consultant when necessary.

The types of defects which have been reported are as follows :

Eyes	..	..	..	..	..	..	..	..	..	..	14
Ear, nose and throat	..	..	..	..	..	..	..	..	..	..	115
Speech	..	..	..	..	..	..	..	..	..	..	32
Skin	..	..	..	..	..	..	..	..	..	..	24
Orthopaedic	..	..	..	..	..	..	..	..	..	..	48
Others	..	..	..	..	..	..	..	..	..	..	234

There was a decrease in the incidence of head infestations which is shown in the following table :

	1972	1971
School population	504	423
Head inspections	2,422	1,573
Children with nits or vermin	113	91
Expressed as a percentage of head inspections	4.6	5.8

The number of inspections increased by approximately 54%. Constant vigilance is required by all concerned if the incidence of verminous infestation is to be reduced.

The increase in the number of children attending the nursery schools is due to more attending for a half-day.

Infectious Diseases

During the year, there were 169 notifications of infectious diseases in school children. These were as follows:

	<u>1972</u>	<u>1971</u>
Scarlet fever	4	6
Measles	103	141
Whooping cough	-	13
Dysentery	5	-
Tuberculosis (respiratory)	6	2
Tuberculosis (non-respiratory)	4	2
Food poisoning	2	1
Infective jaundice	43	8
Acute meningitis	2	3

Immunisations

During the year 558 children (721 in 1971) of school age received a full course of primary immunisation against diphtheria and tetanus, and 1,744 children (1,754 in 1971) who had previously been immunised received reinforcing (booster) injections.

In addition, 1,165 children (1,162 in 1971) received a full course of primary poliomyelitis vaccination and of these ten were of school age. Also, 2,065 (1,523 in 1971) who had a primary course received a reinforcing dose. B.C.G. vaccination was received by 102 children (120 in 1971) of school age at the Chest Clinic under the contact scheme.

Vaccination against rubella was given to 383 girls.

B.C.G. Vaccination

Routine B.C.G. vaccination for 13 year old children was carried out during the year. Seven schools were visited for this purpose. The following table shows the results obtained :

Children involved	1,357
Consents obtained	1,002
Percentage of acceptance (77 in 1971)	74
Skin tested	922
Heaf positive	89
Percentage positive	9
Negative and vaccinated (908, in 1971)	805

Of the 89 positive reactors, 34 with strongly positive results were submitted for full examination at the Chest Clinic.

Convalescent and Holiday Homes

The Moorland Home gave holidays to 139 children, all of whom were examined at the School Clinic beforehand. These children were recommended by the teaching staff, health visitors, school nurses or other persons because they have no other chance of a holiday. They gain a lot in health and happiness from their stay in the Home.

Other Medical Examinations

The medical examinations of adults at the School Clinic, Penn Street, during 1972 are classified as follows :

	<u>1972</u>	<u>1971</u>
Corporation Superannuation Scheme etc.	54	63
School Meals Service Staff	181	215
Candidates for Teacher Training Colleges	74	65

The following special examinations were made of children. These figures cannot be included in the Statistical Tables :

	<u>1972</u>	<u>1971</u>
Children undertaking part-time employment	285	264
Children going to camp, holidays abroad, returning to special schools, pre-school, etc.	417	359

National Society for the Prevention of Cruelty to Children

I am indebted to Mr. W. Roberts, Inspector, for the following report:—

“During the year, 20 cases involving children of school age were referred to the Society. These children were seen to be ‘at risk’ for the following reasons:—

Children left alone at nights	3
Children at risk through serious disharmony between parents	8
Disturbed parent/child relationship	4
Children with physically disabled parents	4
Parents with disturbing emotional problems	9
Parents with financial problems	8
Children residing in unsatisfactory housing conditions	7
Child behaviour problem	1
Total children ‘at risk’	<u>44</u>

As in previous years a great measure of continual support was given to 10 one parent families, with multiple problems, involving 22 children.

Cases requiring specialised treatment have been referred to the appropriate agency, whilst others have required continued support via social casework methods.

The introduction of the isolated mothers, drawn from a wide catchment area — including Rochdale, into a Mothers’ Group situated in Langley, with playgroup attached, is proving to be beneficial to the families as a whole.”

Health Education

The health visitor in the School Health Service continues her primary role of health educator. A further formal programme of health education has been started, and established programmes have continued successfully. More formal health talks and informal discussions have been carried out by health visitors in schools this year.

A Home Safety Poster Contest for pupils aged between 8 and 13 years was again organised by the Home Safety Committee. The theme this year was 'Accidents in the Kitchen', and health visitors gave talks in 23 schools. Over 500 entries were received and judged.

SCHOOL DENTAL SERVICE

I thank the Principal School Dental Officer, Mr. H.W. Pritchard, for the following report:—

"During 1972 two part-time dental officers serving the increasing population, retired to domestic life. Efforts to recruit more dental officers were fruitless, with the net result that at the end of the year the service employed one full-time dental officer only.

Treatment throughout the year has been mainly of an emergency nature. Approximately 80% of the total visits were for the relief of pain, against 48% in 1971 and 23% in 1970. Routine treatment has been restricted to specific groups of patients. Parents' understanding of our staffing difficulties has been greatly appreciated, but the easy acceptance of a low level of preventive dental care for children, in an area with such a relatively low level of dental manpower is indicative of the chronic situation in this respect which has persisted over so many years."

The following have been received from the Chief Education Officer:

School Meals Service

The number of meals produced by the School Meals Service during the year 1972 was 2,194,747, compared with 2,132,177 in 1971.

During part of February and March 1972, the kitchens worked under severe pressure due to power cuts. However, the service was maintained and all children were provided with hot meals in spite of the difficulties.

Balderstone 6th Form kitchen opened in January 1972.

Physical Education Organiser's Report

Movement, whether functional or expressive, continues to be the basis of the work in Physical Education in the Primary and Middle Schools, but Swimming and a variety of Games activities are also playing an important role. In the Upper Schools the student is invited to participate in a wider range of activities and this year a new scheme for students in the 6th Forms and those attending Rochdale College has been instituted. By making use of all available sports facilities and by using staff expertise to the best advantage, it has been possible to offer these students a range of twenty-eight different games and sports. It is hoped that many will participate in well organised courses and develop an interest in one of their choice.

The last report mentioned the "Two-Year Crash Programme", which was organised for all children in primary schools in connection with swimming. This scheme has continued and the age at which children are now taught to swim is lower, but results last year revealed that considerable success is still being achieved. In 1972, out of 1,452 children attending the course, aged nine, only ninety-six were unable to swim, as compared with 144 in 1971. At the age of eight, the numbers attending were 1,536 and 172 were unable to swim. The scheme continues throughout 1973 with the aim of eventually teaching all children in Rochdale to swim at the age of seven.

Facilities: Many developments are now in progress and will be completed in the near future. Prominent amongst these is the new Sports Hall at present being built at Rochdale College. A new hall has been built at St. John's Primary School and this has made possible a far greater range of physical education activities, and the new school at Caldershaw is a very fine example of modern design.

Courses arranged for teachers during the year included:

Physical Education for Probationer Teachers.

A creative dance course.

The teaching of Swimming with particular reference to the Intensive Swimming programme.

A personal Intensive Swimming Course for teachers unable to swim.

Three courses on individual sports have again been held:

Badminton coaching course (organised jointly with Lancashire Education Authority).

A Fencing Course.

A Table Tennis course.

All courses have been well attended.

Cost of Medical and Dental Inspections, and Treatment

Year Ended 31st March 1972.

	£
Salaries of Medical, Dental and other Staff	40,231
Local Government Superannuation	2,484
National Insurance and Graduated Pensions	1,813
Staff Training Expenses	36
Repair and Maintenance of Buildings, Boilers and Grounds	449
Fuel, Light, Cleaning and Water	3,247
Rent, Rates and Insurance	2,050
Furniture, Fittings, Equipment and Materials	2,998
Uniforms	105
Laundry	128
Cleansing Pupils	201
Conveyance of Pupils	956
Car Allowances	292
Printing, Stationery, Advertising, Postages and Telephones	1,262
Travel, Subsistence and Conference Expenses	128
Debt charges	2,431
	58,811
Less recharge to Health Committee (use of Clinics)	1,326
	57,485

MEDICAL INSPECTION AND TREATMENT

YEAR ENDED 31st DECEMBER, 1972.

TABLE I.

Medical Inspection of Pupils attending maintained Primary and Secondary Schools
(including Nursery and Special Schools)

A. Periodic Medical Inspections

Age Groups Inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected	
		SATISFACTORY	UNSATISFACTORY
		No.	No.
(1)	(2)	(3)	(4)
1968 and later	439	439	—
1967	760	760	—
1966	522	521	1
1965	224	224	—
1964	116	116	—
1963	125	125	—
1962	108	108	—
1961	139	139	—
1960	141	141	—
1959	117	117	—
1958	252	252	—
1957 and earlier	643	643	—
TOTAL	3,586	3,585	1

Satisfactory — 99.98%

Unsatisfactory — 0.02%

—

1

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)
1968 and later	13	86	78
1967	23	130	123
1966	30	99	89
1965	20	66	54
1964	17	60	46
1963	8	46	40
1962	15	45	32
1961	15	46	44
1960	16	36	43
1959	15	34	39
1958	24	57	62
1957 and earlier	116	160	212
TOTAL	312	865	862

C.—OTHER INSPECTIONS

Number of special Inspections	...	...	...	...	...	97
Number of Re-inspections	...	...	...	...	...	4,060
		Total	...	...	...	4,157

D.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	57,984
(b)	Total number of individual pupils found to be infested ...	2,022
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE II

Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Nursery and Special Schools)

GROUP 1. – Eye Diseases, Defective Vision and Squint

External and other, excluding errors of refraction and squint	...	...	...	...	...	...	28
Errors of refraction (including squint)	...	...	...	...	...	...	1,080
Total	...	...	...	...	...	...	<u>1,108</u>
Number of pupils for whom spectacles were prescribed	...	...	...	...	...	...	522

GROUP 2. – Diseases and Defects of Ear, Nose and Throat

Received operative treatment –							
(a)	for diseases of the ear	...	...	...	...	...	19
(b)	for adenoids and chronic tonsillitis	...	...	...	...	...	283
(c)	for other nose and throat conditions	...	...	...	...	...	44
Received other forms of treatment		...	...	...	...	...	19
Total		...	...	...	...	...	<u>365</u>

Total number of pupils still on the register of schools at 31st December, 1972 known to be provided with hearing aids:—

(a)	during the calendar year 1972	...	...	...	...	...	10
(b)	in previous years	...	...	...	...	...	27

GROUP 3. – Orthopaedic and Postural Defects

(a)	Pupils treated at clinics or out-patients departments	...	...	...	...	...	93
(b)	Pupils treated at school for postural defects	...	...	...	...	...	—
Total		...	...	...	...	...	<u>93</u>

GROUP 4. — Diseases of the Skin

(excluding uncleanness, for which see Table C of Part 1)

[illegible]

GROUP 5. – Child Guidance Treatment

Pupils treated at Child Guidance Clinics	...	...	...	...	...	...	29
--	-----	-----	-----	-----	-----	-----	----

GROUP 6. – Speech Therapy

Pupils treated by Speech Therapists	...	...	...	...	...	...	—
-------------------------------------	-----	-----	-----	-----	-----	-----	---

GROUP 7. — Other Treatment Given

(a)	Pupils with minor ailments	...	...	...	...	...	462
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	—
(c)	Pupils who received B.C.G. vaccination	...	...	...	...	...	907
(d)	Other than (a), (b) and (c) above. Please specify						
	Septic Wounds	...	...	...	...	...	81
	Plantar Warts	...	...	...	...	...	565
	Total	...	...	...	...	...	<u>2,015</u>

TABLE III

Dental Inspection and Treatment
Year ended 31st December, 1972

Attendances and Treatment:

First visit	...	...	...	...	...	...	...	...	...	...	2,316
Subsequent visits		...	...	...	...	...	...	...	...	...	2,621
Total visits	...	...	...	...	...	...	...	...	...	...	<u>4,937</u>
Additional courses of treatment commenced					...	...	...	...	...	...	77
Fillings in permanent teeth		...	...	...	...	...	...	...	...	...	1,355
Fillings in deciduous teeth		...	...	...	...	...	...	...	...	...	471
Permanent teeth filled	...	...	...	...	...	...	...	...	...	...	1,267
Deciduous teeth filled	...	...	...	...	...	...	...	...	...	...	457
Permanent teeth extracted		...	...	...	...	...	...	...	...	...	1,199
Deciduous teeth extracted		...	...	...	...	...	...	...	...	...	2,474
General anaesthetics	...	...	...	...	...	...	...	...	...	...	1,750
Emergencies	...	...	...	...	...	...	...	...	...	...	2,220
Number of Pupils X-rayed		...	...	...	...	...	...	...	...	...	86
Prophylaxis	...	...	...	...	...	...	...	...	...	...	55
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	...	2
Number of teeth root filled	...	...	...	...	...	...	...	...	...	...	3
Inlays	...	...	...	...	...	...	...	...	...	...	—
Crowns	...	...	...	...	...	...	...	...	...	...	7
Courses of treatment completed	...	...	...	...	...	...	...	...	...	...	1,864

2. Orthodontics:

Cases remaining from previous year	32
New cases commenced during year	2
Cases completed during year	9
Cases discontinued during year	11
Number of removable appliances fitted	18
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant	—

3. Dentures:

Pupils supplied with F.U. or F.L. (first time)	2
Pupils supplied with other dentures (first time)	19
Pupils supplied with dentures (subsequent times)	3
Number of dentures supplied	24

4. Anaesthetics:

General Anaesthetics administered by Dental Officers	—
--	---

5. Inspections:

(a) First inspection at school. Number of pupils	2,869
(b) First inspection at clinic. Number of pupils	2,242
Number of (a) + (b) found to require treatment	3,367
Number of (a) + (b) offered treatment	3,317
(c) Pupils re-inspected at school or clinic	102
Number of (c) found to require treatment	82

6. Sessions:

Sessions devoted to treatment	518
Sessions devoted to inspection	14
Sessions devoted to Dental Health Education	—

TABLE IV
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL
SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physi- cally Handi- capped (6) Delicate		(7) Malad- justed (8) E.S.N.		(9) Epilep- tic (10) Speech Defects		(11) Total Cols. 1 - 10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped pupils newly assessed as needing education at special schools or in boarding homes	1	-	3	2	11	4	11	42	3	1	78
B. (i) Children newly placed in special schools or hoarding homes assessed during 1972	1	-	3	1	8	4	7	17	3	-	44
(ii) Children newly placed in special schools or boarding homes assessed prior to 1972	-	-	-	-	3	-	3	3	-	-	9
Total B(i) and B(ii)	1	-	3	1	11	4	10	20	3	-	53
C. On 25th January, 1973:— Number of handicapped pupils from the area —											
(i) requiring places in special schools											
(a) day	-	-	-	1	1	-	3	37	-	1	43
(h) boarding	-	-	-	-	2	-	1	-	-	-	3
(ii) included at (i) who had not reached the age of 5 and were waiting											
(a) day places	-	-	-	1	-	-	-	-	-	-	1
(b) boarding places	-	-	-	-	-	-	-	-	-	-	-
(iii) included at (i) who had been awaiting admission to special schools for more than one year.											
(a) day places	-	-	-	-	-	-	-	12	-	-	12
(b) boarding places	-	-	-	-	-	-	-	-	-	-	-
D. On 25th January, 1973:— Number of handicapped pupils who were on the registers of:											
(1) maintained special schools as:											
(a) day pupils	1	-	7	2	39	21	30	208	2	2	312
(h) boarding pupils	-	-	-	1	3	-	46	3	1	-	54
(2) non-maintained special schools as											
(a) day pupils	-	-	-	-	-	-	-	-	-	-	-
(h) boarding pupils	5	1	5	1	5	3	2	3	1	-	26
(3) who were on the registers of independent schools under arrangements made by the Authority.	-	-	-	-	1	-	5	2	-	-	8
E. On 25th January, 1973:— Handicapped pupils (irrespective of area to which they belong) being educated under arrangements made by the Authority in accordance with Section 56 —											
(i) in hospitals	-	-	-	-	-	-	-	-	-	-	-
(ii) in other groups or units ...	-	-	-	-	-	-	-	-	-	-	-
(iii) at home	-	-	-	-	4	1	-	-	-	-	5

ANNUAL REPORT

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

For the Year ended 31st December, 1972

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